State of California State
Water Resources Control Board

NOTICE OF INTENT

For Existing Facility Operators

636-22-10

TO COMPLY WITH THE TERMS OF THE GENERAL PERMIT TO DISCHARGE STORM WATER ASSOCIATED WITH INDUSTRIAL ACTIVITY (WQ ORDER No. 97-03-DWQ)

This Notice of Intent (NOI) is being sent to all facility operators that were enrolled under the prior Industrial Storm Water General Permit that has now expired. A new General Permit has been adopted to replace the expired one. To enroll under the new General Permit, review this NOI (and make any necessary corrections), sign the CERTIFICATION on the reverse side, and return this original NOI within 45 days of receipt to: STORM WATER NOI PROCESSING UNIT, STATE WATER RESOURCES CONTROL BOARD, PO BOX 1977, SACRAMENTO, CA 95812-1977

FACILITY OPERATOR INFORMATION:

WDID: 4B19S006466

NAME: BCI COCA-COLA ~~ENTERPRISES~~ Bottling Company of Los Angeles

CONTACT & PHONE
ANN MACDONALD
(510) 613-2717

STREET: 7901 OAKPORT ST, STE 1000

CITY, STATE, ZIP: OAKLAND, CA 94621

FACILITY LOCATION:

County: Los Angeles

NAME: BCI COCA-COLA Bottling Company of Los Angeles

CONTACT & PHONE
~~MIKE LATHROPE~~
~~FACILITY MANAGER~~
(310) 768-0500

STREET: 19875 PACIFIC GATEWAY

CITY, STATE, ZIP: TORRANCE, CA 90502

FACILITY MAILING ADDRESS: (IF DIFFERENT THAN FACILITY LOCATION)

STREET OR POST OFFICE BOX:

CITY, STATE, ZIP:

ADDRESS FOR CORRESPONDENCE - SEND TO: (CHECK ONE)

[ ] Facility Operator Address [ ] Facility Mailing Address [X] Both

BILLING ADDRESS INFORMATION - SEND TO: (CHECK ONE)

[ ] Facility Operator Address [X] Facility Mailing Address [ ] Other (enter below)

NAME:

STREET:

CITY, STATE, ZIP:

CONTACT PERSON: **PHONE:**

SIC(S) OF REGULATED ACTIVITY:

4213 Trucking, Except Local

(CERTIFICATION continued on the reverse side)

CERTIFICATION: **WDID:** 4B19S006466

"I certify under penaty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. In addition, I certify that the provisions of the permit, including the development of and implementation of a Storm Water Pollution Prevention Plan and a Monitoring Program Plan, will be complied with."

Printed Name: Ann E. Macdonald

Signature: Ann E. Macdonald Date: 8/29/97

Title: Environmental Affairs Manager

ANN MACDONALD
COCA-COLA ENTERPRISES
7901 OAKPORT ST STE 1000
OAKLAND, CA 94621

For State Water Board Use

UNIFIED PROGRAM (UP) FORM
BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	F	A		0	0	1		9	8	7	8			1	EPA ID # (Hazardous Waste Only) CAD982411803	2

BUSINESS NAME (Same as Facility Name of DBA-Doing Business As) 3

Coca-Cola Bottling Company of Southern California

II. ACTIVITIES DECLARATION

NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page.

Does your facility...		If Yes, please complete these pages of the UPCF....
A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	☒ YES ☐ NO 4	4 HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION 4 CONSOLIDATED CONTINGENCY PLAN (Section I and Site Map(s)) 4 TRAINING PLAN
B. UNDERGROUND STORAGE TANKS (USTs)		4UST FACILITY
1. Own or operate underground storage tanks?	☐ YES ☒ NO 5	4UST TANK (one page per tank)
2. Intend to upgrade existing or install new USTs?	☐ YES ☒ NO 6	4UST FACILITY 4UST TANK (one per tank) 4UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank)
3. Need to report closing a UST?	☐ YES ☒ NO 7	4UST TANK (closure portion –one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (APSTs) Own or operate APSTs above this threshold: ---the total capacity for the facility is greater than 1,320 gallons?	☐ YES ☒ NO 8	NO FORM REQUIRED TO CUPAs
D. HAZARDOUS WASTE		
1. Generate hazardous waste?	☒ YES ☐ NO 9	4 EPA ID NUMBER – provide at the top of this page 4 As a generator, answer YES to Item E2b and complete Waste Generator Form
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?	☐ YES ☒ NO 10	4 RECYCLABLE MATERIALS REPORT
3. Treat hazardous waste on site?	☐ YES ☒ NO 11	4 ONSITE HAZARDOUS WASTE TREATMENT – FACILITY 4 ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES ☒ NO 12	4 CERTIFICATION OF FINANCIAL ASSURANCE
5. Consolidate hazardous waste generated at a remote site?	☐ YES ☒ NO 13	4 REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	☐ YES ☒ NO 14	4 HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
E. LOCAL REQUIREMENTS		15
1. REGULATED SUBSTANCES		
Have Regulated Substances (RS) including Extremely Hazardous Substances (EHS) stored on site at greater than the threshold planning quantities established by the California Accidental Release Program (Cal ARP) ?	☒ YES ☐ NO 15a	In addition to Hazardous Materials requirements, complete: 4 Regulated Substance Registration 4 Risk Management Plan (when required)
2. OTHER REQUIREMENTS		
a. Have hazardous materials stored on site at or above a threshold amount established by a CUPA's or PA's local ordinance?	☒ YES ☐ NO 15b	4 Consult local CUPA or PA for added reporting requirements
b. Required by a CUPA or PA to provide other information?	☒ YES ☐ NO 15c	4 Waste Generator Form (LA County)

OFFICIAL USE ONLY	UP FORM	HW	HM	ARP	AST	UST	TP	CUPA	PA

UNIFIED PROGRAM (UP) FORM

BUSINESS OWNER/OPERATOR IDENTIFICATION (LACoCUPA Form 2730)

☐ NEW BUSINESS ☐ OUT OF BUSINESS ☒ REVISE/UPDATE (EFFECTIVE: 02 / 18 /07) | PAGE 1 OF 15

I. IDENTIFICATION

FACILITY ID# FA 0 0 1 9 8 7 8 1	BEGINNING DATE 100: 1/1/06	ENDING DATE 101: 12/31/06	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3: Coca-Cola Bottling Company of Southern California	BUSINESS PHONE 102: (310) 965-2653		
BUSINESS SITE ADDRESS 103: 19875 South Pacific Gateway Drive			
CITY Torrance 104	CA	ZIP CODE 90502 105	
DUN & BRADSTREET 802706986 106	SIC CODE (4 digit #) 5149 107		
COUNTY LOS ANGELES 108	UNINCORPORATED ☐ Yes ☒ No 133a.		
BUSINESS OPERATOR NAME 109: Coca-Cola Bottling Company of Southern California	BUSINESS OPERATOR PHONE 110: (310) 965-2653		

II. BUSINESS OWNER

OWNER NAME 111: BCI Coca- Cola Bottling Company of Los Angeles	OWNER PHONE 112: (310) 965-2653		
OWNER MAILING ADDRESS 113: 19875 South Pacific Gateway Drive			
CITY Torrance 114	STATE CA 115	ZIP CODE 90502 116	

III. ENVIRONMENTAL CONTACT

CONTACT NAME 117: William Choat	CONTACT PHONE 118: (310) 965-2653		
CONTACT MAILING ADDRESS 119: 19875 South Pacific Gateway Drive			
CITY Torrance 120	STATE CA 121	ZIP CODE 90502 122	

IV. EMERGENCY CONTACTS

PRIMARY		SECONDARY	
NAME David Carey 123		NAME William Choat 128	
TITLE Branch Manager 124		TITLE Operations Manager 129	
BUSINESS PHONE (310) 965-2700 125		BUSINESS PHONE (310) 965-2605 130	
24-HOUR PHONE (310) 863-4595 126		24-HOUR PHONE (310) 678-7728 131	
PAGER # N/A 127		PAGER # N/A 132	
E-MAIL ADDRESS (if any) dcarey@na.cokecce.com 133b		E-MAIL ADDRESS (if any) wchoat@na.cokecce.com 133b	

V. ADDITIONAL LOCALLY COLLECTED INFORMATION 133

FEDERAL TAX IDENTIFICATION NUMBER 13-3346695	133c	NO. OF EMPLOYEES 250 133d	
NAME, POSITION, AND DATE OF BIRTH DAVID CAREY, BRANCH MANAGER, 6/27/70			
DRIVER'S LICENSE NUMBER AND STATE B9544728 CALIFORNIA		BUSINESS CODE 01 133e	

MAILING/ BILLING INFORMATION

ADDRESS 133f	CITY 133g	STATE 133h	ZIP CODE 133i
19875 South Pacific Gateway Drive	Torrance	CA	90502

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE 134: 2/15/07	NAME OF DOCUMENT PREPARER 135: Darren Roy, ARCADIS U.S., Inc.
NAME OF SIGNER (print) 136: DAVID CAREY	TITLE OF SIGNER 137: SCM	

OFFICIAL USE ONLY	UP Form	HW	HM	ARP	APST	UST	TP	CUPA	PA

INSPECTOR	DISTRICT	DATE OF INSP.	DIVISION	BATTALION	STATION

UNIFIED PROGRAM (UP) FORM

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

(one page per material per building or area)

☒ ADD ☐ DELETE ☐ REVISE REPORTING YEAR 2006 200 Page 2 of 15

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
Coca-Cola Bottling Company of Southern California

CHEMICAL LOCATION 201
Fleet Building

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 1 9 8 7 8 1

MAP# (optional) 203: 2

GRID# (optional) 204: F2

II. CHEMICAL INFORMATION

CHEMICAL NAME 205: Argon

TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME Argon 207

EHS* ☐ Yes ☒ No 208 RS* ☐ Yes ☒ No 246a

CAS# 7440-37-1 209

*If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) NFG 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☒ a. PURE ☐ b. MIXTURE ☐ c. WASTE 211

RADIOACTIVE ☐ Yes ☒ No 212

CURIES N/A 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☐ b. LIQUID ☒ c. GAS 214

LARGEST CONTAINER 281 215

FED HAZARD CATEGORIES (Check all that apply) ☐ a. FIRE ☒ b. REACTIVE ☒ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
140.5	281	N/A	N/A

UNITS* (Check one item only) ☐ a. GALLONS ☒ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.

DAYS ON SITE: 365 222

STORAGE CONTAINER
☐ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☒ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER 223

STORAGE PRESSURE ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
226	227	☐ Yes ☐ No 228	☐ Yes ☐ No	229
230	231	☐ Yes ☐ No 232	☐ Yes ☐ No	233
234	235	☐ Yes ☐ No 236	☐ Yes ☐ No	237
238	239	☐ Yes ☐ No 240	☐ Yes ☐ No	241
242	243	☐ Yes ☐ No 244	☐ Yes ☐ No	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY DATE RECEIVED REVIEWED BY

DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

UNIFIED PROGRAM (UP) FORM

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

(one page per material per building or area)

☒ADD ☐DELETE ☐REVISE REPORTING YEAR 2006 200 Page 3 of 15

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
Coca-Cola Bottling Company of Southern California

CHEMICAL LOCATION 201
Fleet Building

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 1 9 8 7 8 1

MAP# (optional) 203: 2

GRID# (optional) 204: F3

II. CHEMICAL INFORMATION

CHEMICAL NAME 205: Oxygen

TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME Oxygen 207

EHS* ☐ Yes ☒ No 208 RS* ☐Yes ☒No 246a

CAS# 7782-44-7 209

*If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) OX 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☒ a. PURE ☐b. MIXTURE ☐ c. WASTE 211

RADIOACTIVE ☐Yes ☒No 212

CURIES N/A 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☐b. LIQUID ☒ c. GAS 214

LARGEST CONTAINER 281 215

FED HAZARD CATEGORIES (Check all that apply) ☐ a. FIRE ☒ b. REACTIVE ☒ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
140.5	281	N/A	N/A

UNITS* (Check one item only) ☐a. GALLONS ☒b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.

DAYS ON SITE: 365 222

STORAGE CONTAINER
☐ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☒ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER 223

STORAGE PRESSURE ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
226	227	☐Yes ☐No 228	☐Yes ☐No	229
230	231	☐Yes ☐No 232	☐Yes ☐No	233
234	235	☐Yes ☐No 236	☐Yes ☐No	237
238	239	☐Yes ☐No 240	☐Yes ☐No	241
242	243	☐Yes ☐No 244	☐Yes ☐No	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY

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UNIFIED PROGRAM (UP) FORM

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

(one page per material per building or area)

☒ADD ☐DELETE ☐REVISE REPORTING YEAR 2006 200 Page 4 of 15

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
Coca-Cola Bottling Company of Southern California

CHEMICAL LOCATION 201
Fleet Building

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) 202 ☐ YES ☒ NO

FACILITY ID # F A 0 0 1 9 8 7 8 1

MAP# (optional) 203: 2

GRID# (optional) 204: G2

II. CHEMICAL INFORMATION

CHEMICAL NAME 205: Mixture

TRADE SECRET 206 ☐ Yes ☒ No
If Subject to EPCRA, refer to instructions

COMMON NAME 207: Alkaline Detergent - Chemsearh Duo Power

EHS* ☐ Yes ☒ No 208 RS* ☐Yes ☒No 246a

CAS# 209: Mixture

*If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210: CL

HAZARDOUS MATERIAL TYPE (Check one item only) 211 ☒ a. PURE ☐b. MIXTURE ☐ c. WASTE

RADIOACTIVE 212 ☐Yes ☒No

CURIES 213: N/A

PHYSICAL STATE (Check one item only) 214 ☐ a. SOLID ☒b. LIQUID ☐ c. GAS

LARGEST CONTAINER 215: 55

FED HAZARD CATEGORIES (Check all that apply) 216 ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
82.5	165	N/A	N/A

UNITS* (Check one item only) 221 ☒a. GALLONS ☐b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS
* If EHS, amount must be in pounds.

DAYS ON SITE: 222: 365

STORAGE CONTAINER 223
☐ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☒ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER

STORAGE PRESSURE 224 ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE 225 ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
226	Sodium Tripolyphosphate 227	☐Yes ☒No 228	☐Yes ☒No	7758-29-4 229
230	Sodium Xylene Sulfonate 231	☐Yes ☒No 232	☐Yes ☒No	1300-72-7 233
234	Sulfonate 235	☐Yes ☒No 236	☐Yes ☒No	1886-81-3 237
238	Dodecylbenzene 239	☐Yes ☒No 240	☐Yes ☒No	123-01-3 241
242	243	☐Yes ☐No 244	☐Yes ☐No	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246
Stored inside Fleet Building in 55-gallon drums.

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY DATE RECEIVED REVIEWED BY

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UNIFIED PROGRAM (UP) FORM

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

(one page per material per building or area)

☒ ADD ☐ DELETE ☐ REVISE REPORTING YEAR 2006 200 Page 5 of 15

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
Coca-Cola Bottling Company of Southern California

CHEMICAL LOCATION 201
Fleet Building - Inside bulk chemical storage building

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 1 9 8 7 8

MAP# (optional) 203: 2

GRID# (optional) 204: H6

II. CHEMICAL INFORMATION

CHEMICAL NAME 205: Transmission Fluid

TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME 207: Chevron-Dextron III/Mercon

EHS* ☐ Yes ☒ No 208 RS* ☐ Yes ☒ No 246a

CAS# 209: Mixture

*If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210: CL

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☒ b. MIXTURE ☐ c. WASTE 211

RADIOACTIVE ☐ Yes ☒ No 212

CURIES 213: N/A

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☒ b. LIQUID ☐ c. GAS 214

LARGEST CONTAINER 215: 120

FED HAZARD CATEGORIES (Check all that apply) 216: ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
60	120	0	N/A

UNITS* (Check one item only) 221: ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS
* If EHS, amount must be in pounds.

DAYS ON SITE: 222: 365

STORAGE CONTAINER 223:
☒ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER

STORAGE PRESSURE 224: ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE 225: ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
80-100 226	Distillates, hydrotreated heavy paraffinic 227	☐ Yes ☒ No 228	☐ Yes ☒ No	64742-54-7 229
230	231	☐ Yes ☐ No 232	☐ Yes ☐ No	233
234	235	☐ Yes ☐ No 236	☐ Yes ☐ No	237
238	239	☐ Yes ☐ No 240	☐ Yes ☐ No	241
242	243	☐ Yes ☐ No 244	☐ Yes ☐ No	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246
Stored in steel double-walled tank.

If EPCRA, Please Sign Here
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OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY

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UNIFIED PROGRAM (UP) FORM

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

(one page per material per building or area)

☒ ADD ☐ DELETE ☐ REVISE REPORTING YEAR 2006 200 Page 6 of 15

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
Coca-Cola Bottling Company of Southern California

CHEMICAL LOCATION 201
Fleet Building - Inside bulk chemical storage building

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) 202 ☐ YES ☒ NO

FACILITY ID # F A 0 0 1 9 8 7 8 1

MAP# (optional) 203: 2

GRID# (optional) 204: H6

II. CHEMICAL INFORMATION

CHEMICAL NAME 205: Mixture

TRADE SECRET 206 ☐ Yes ☒ No
If Subject to EPCRA, refer to instructions

COMMON NAME 207: Used Motor Oil

EHS* ☐ Yes ☒ No 208 RS* ☐ Yes ☒ No 246a

CAS# 209: Mixture

*If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210: CL

HAZARDOUS MATERIAL TYPE (Check one item only) 211 ☐ a. PURE ☒ b. MIXTURE ☒ c. WASTE

RADIOACTIVE 212 ☐ Yes ☒ No

CURIES 213: N/A

PHYSICAL STATE (Check one item only) 214 ☒ a. SOLID ☐ b. LIQUID ☐ c. GAS

LARGEST CONTAINER 215: 300

FED HAZARD CATEGORIES (Check all that apply) 216 ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
150	300	300	221

UNITS* (Check one item only) 221 ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS
* If EHS, amount must be in pounds.

DAYS ON SITE: 222: 365

STORAGE CONTAINER 223
☒ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER

STORAGE PRESSURE 224 ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE 225 ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
100 226	Used Motor Oil 227	☐ Yes ☒ No 228	☐ Yes ☒ No	Mixture 229
230	231	☐ Yes ☐ No 232	☐ Yes ☐ No	233
234	235	☐ Yes ☐ No 236	☐ Yes ☐ No	237
238	239	☐ Yes ☐ No 240	☐ Yes ☐ No	241
242	243	☐ Yes ☐ No 244	☐ Yes ☐ No	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246
Stored in double-walled tank inside building.

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY

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UNIFIED PROGRAM (UP) FORM

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

(one page per material per building or area)

☒ ADD ☐ DELETE ☐ REVISE REPORTING YEAR 2007 200 Page 7 of 15

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
Coca-Cola Bottling Company of Southern California

CHEMICAL LOCATION 201
Fleet Building - Inside bulk chemical storage building.

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) 202 ☐ YES ☒ NO

FACILITY ID # F A 0 0 1 9 8 7 8 1

MAP# (optional) 203: 2

GRID# (optional) 204: H5

II. CHEMICAL INFORMATION

CHEMICAL NAME 205: Ethylene Glycol Waste

TRADE SECRET 206 ☐ Yes ☒ No
If Subject to EPCRA, refer to instructions

COMMON NAME 207: Waste Antifreeze

EHS* ☐ Yes ☒ No 208 RS* ☐ Yes ☒ No 246a

CAS# 209: 107-21-1

*If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210: OHH, CL, IRR

HAZARDOUS MATERIAL TYPE (Check one item only) 211 ☐ a. PURE ☒ b. MIXTURE ☒ c. WASTE

RADIOACTIVE 212 ☐ Yes ☒ No

CURIES 213: N/A

PHYSICAL STATE (Check one item only) 214 ☐ a. SOLID ☒ b. LIQUID ☐ c. GAS

LARGEST CONTAINER 215: 120

FED HAZARD CATEGORIES (Check all that apply) 216 ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
60	120	100	134

UNITS* (Check one item only) 221 ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS
* If EHS, amount must be in pounds.

DAYS ON SITE: 222: 365

STORAGE CONTAINER 223
☒ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER

STORAGE PRESSURE 224 ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE 225 ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
20 226	Ethylene Glycol 227	☐ Yes ☒ No 228	☐ Yes ☒ No	107-21-1 229
80 230	Water 231	☐ Yes ☒ No 232	☐ Yes ☒ No	233
234	235	☐ Yes ☐ No 236	☐ Yes ☐ No	237
238	239	☐ Yes ☐ No 240	☐ Yes ☐ No	241
242	243	☐ Yes ☐ No 244	☐ Yes ☐ No	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246
Stored inside double-walled tank inside building.

If EPCRA, Please Sign Here
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HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

(one page per material per building or area)

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I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
Coca-Cola Bottling Company of Southern California

CHEMICAL LOCATION 201
Fleet Building - Inside bulk chemical storage building.

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 1 9 8 7 8 1

MAP# (optional) 203: 2

GRID# (optional) 204: H5

II. CHEMICAL INFORMATION

CHEMICAL NAME 205: Mixture

TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME 207: Chevron Universal Gear Lubricant SAE 80W-90

EHS* ☐ Yes ☒ No 208 RS* ☐Yes ☒No 246a

CAS# 209: Mixture

*If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210: CL

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☒b. MIXTURE ☐ c. WASTE 211

RADIOACTIVE ☐Yes ☒No 212

CURIES 213: N/A

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☒b. LIQUID ☐ c. GAS 214

LARGEST CONTAINER 215: 120

FED HAZARD CATEGORIES (Check all that apply) 216: ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
60	120	N/A	N/A

UNITS* (Check one item only) 221: ☒a. GALLONS ☐b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS
* If EHS, amount must be in pounds.

DAYS ON SITE: 222: 365

STORAGE CONTAINER 223:
☒ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER

STORAGE PRESSURE 224: ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE 225: ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
80 - 95 226	Highly refined mineral oil (C15 – C50) 227	☐Yes ☒No 228	☐Yes ☒No	Mixture 229
5 - 20 230	Additives 231	☐Yes ☒No 232	☐Yes ☒No	Mixture 233
234	235	☐Yes ☐No 236	☐Yes ☐No	237
238	239	☐Yes ☐No 240	☐Yes ☐No	241
242	243	☐Yes ☐No 244	☐Yes ☐No	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246
Stored in double-walled tank inside building.

If EPCRA, Please Sign Here
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HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

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I. FACILITY INFORMATION

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Coca-Cola Bottling Company of Southern California

CHEMICAL LOCATION 201
Fleet Building - Inside bulk chemical storage building.

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) 202 ☐ YES ☒ NO

FACILITY ID # F A 0 0 1 9 8 7 8 1

MAP# (optional) 203: 2

GRID# (optional) 204: H6

II. CHEMICAL INFORMATION

CHEMICAL NAME 205: Mixture

TRADE SECRET 206 ☐ Yes ☒ No
If Subject to EPCRA, refer to instructions

COMMON NAME 207: Drivetrain Lubricant (Mobilube SHC 75W-90)

EHS* ☐ Yes ☒ No 208 RS* ☐Yes ☒No 246a

CAS# Mixture 209

*If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) CL 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☒b. MIXTURE ☐ c. WASTE 211

RADIOACTIVE ☐Yes ☒No 212

CURIES N/A 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☒b. LIQUID ☐ c. GAS 214

LARGEST CONTAINER 120 215

FED HAZARD CATEGORIES (Check all that apply) ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
60	120	N/A	N/A

UNITS* (Check one item only) ☒a. GALLONS ☐b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.

DAYS ON SITE: 365 222

STORAGE CONTAINER 223
☒ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
90-95 226	Base oil 227	☐Yes ☒No 228	☐Yes ☒No	Mixture 229
1-5 230	Alkarylamine 231	☐Yes ☒No 232	☐Yes ☒No	Mixture 233
<2.5 234	Phosphoric Acid Esters, Amine Salt 235	☐Yes ☒No 236	☐Yes ☒No	Mixture 237
238	239	☐Yes ☐No 240	☐Yes ☐No	241
242	243	☐Yes ☐No 244	☐Yes ☐No	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246
Stored in double-walled tank inside building.

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

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HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

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I. FACILITY INFORMATION

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Coca-Cola Bottling Company of Southern California

CHEMICAL LOCATION 201
Fleet Building - Inside bulk chemical storage building.

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) 202 ☐ YES ☒ NO

FACILITY ID # F A 0 0 1 9 8 7 8 1

MAP# (optional) 203: 2

GRID# (optional) 204: H5

II. CHEMICAL INFORMATION

CHEMICAL NAME 205: Mixture

TRADE SECRET 206 ☐ Yes ☒ No
If Subject to EPCRA, refer to instructions

COMMON NAME 207: Motor Oil (Exxon XD-3 15W-40)

EHS* ☐ Yes ☒ No 208 RS* ☐Yes ☒No 246a

CAS# 209: Mixture

*If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210: CL

HAZARDOUS MATERIAL TYPE (Check one item only) 211 ☐ a. PURE ☒b. MIXTURE ☐ c. WASTE

RADIOACTIVE 212 ☐Yes ☒No

CURIES 213: N/A

PHYSICAL STATE (Check one item only) 214 ☐ a. SOLID ☒b. LIQUID ☐ c. GAS

LARGEST CONTAINER 215: 300

FED HAZARD CATEGORIES (Check all that apply) 216 ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
120	300	N/A	N/A

UNITS* (Check one item only) 221 ☒a. GALLONS ☐b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS
* If EHS, amount must be in pounds.

DAYS ON SITE: 222: 365

STORAGE CONTAINER 223
☒ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER

STORAGE PRESSURE 224 ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE 225 ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
95-100 226	Base lubricating oil 227	☐Yes ☒No 228	☐Yes ☒No	Mixture 229
<2.5 230	Zinc Dithiophosphate 231	☐Yes ☒No 232	☐Yes ☒No	68649-42-3 233
234	235	☐Yes ☐No 236	☐Yes ☐No	237
238	239	☐Yes ☐No 240	☐Yes ☐No	241
242	243	☐Yes ☐No 244	☐Yes ☐No	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246
Stored in double-walled tank inside building.

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

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HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

(one page per material per building or area)

☒ ADD ☐ DELETE ☐ REVISE REPORTING YEAR 2006 200 Page 11 of 15

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
Coca-Cola Bottling Company of Southern California

CHEMICAL LOCATION 201
Fleet-Inside bulk chemical storage building.

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 1 9 8 7 8 1

MAP# (optional) 203: 2

GRID# (optional) 204: H6

II. CHEMICAL INFORMATION

CHEMICAL NAME 205: Ethylene Glycol

TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME 207: Antifreeze (Ethylene Glycol Solution)

EHS* ☐ Yes ☒ No 208 RS* ☐ Yes ☒ No 246a

CAS# 209: 107-21-1

*If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210: OHH, CL, IRR

HAZARDOUS MATERIAL TYPE (Check one item only) ☒ a. PURE ☐ b. MIXTURE ☐ c. WASTE 211

RADIOACTIVE ☐ Yes ☒ No 212

CURIES 213: N/A

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☒ b. LIQUID ☐ c. GAS 214

LARGEST CONTAINER 215: 120

FED HAZARD CATEGORIES (Check all that apply) 216: ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
60	120	N/A	N/A

UNITS* (Check one item only) 221: ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS
* If EHS, amount must be in pounds.

DAYS ON SITE: 222: 365

STORAGE CONTAINER 223:
☒ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER

STORAGE PRESSURE 224: ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE 225: ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
40+ 226	Ethylene Glycol 227	☐ Yes ☒ No 228	☐ Yes ☒ No	107-21-1 229
230	231	☐ Yes ☐ No 232	☐ Yes ☐ No	233
234	235	☐ Yes ☐ No 236	☐ Yes ☐ No	237
238	239	☐ Yes ☐ No 240	☐ Yes ☐ No	241
242	243	☐ Yes ☐ No 244	☐ Yes ☐ No	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246
Stored inside double-walled tank inside building.

If EPCRA, Please Sign Here
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HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

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I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
Coca-Cola Bottling Company of Southern California

CHEMICAL LOCATION 201
Fleet-Inside bulk chemical storage building.

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 1 9 8 7 8 1

MAP# (optional) 203: 2

GRID# (optional) 204: H5

II. CHEMICAL INFORMATION

CHEMICAL NAME 205: Mixture

TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME 207: Grease (Unocal Unoba EP Grease 2)

EHS* ☐ Yes ☒ No 208 RS* ☐ Yes ☒ No 246a

CAS# 209: Mixture

*If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210: FL

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☒ b. MIXTURE ☐ c. WASTE 211

RADIOACTIVE ☐ Yes ☒ No 212

CURIES 213: N/A

PHYSICAL STATE (Check one item only) ☒ a. SOLID ☐ b. LIQUID ☐ c. GAS 214

LARGEST CONTAINER 215: 55

FED HAZARD CATEGORIES (Check all that apply) 216: ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
82.5	165	0	N/A

UNITS* (Check one item only) 221: ☐ a. GALLONS ☐ b. CUBIC FEET ☒ c. POUNDS ☐ d. TONS
* If EHS, amount must be in pounds.

DAYS ON SITE: 222: 365

STORAGE CONTAINER 223:
☐ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☒ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER (Battery Casing)

STORAGE PRESSURE 224: ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE 225: ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
1-5 226	Calcium Carbonate 227	☐ Yes ☒ No 228	☐ Yes ☒ No	1317-65-3 229
81-94 230	Lubricant base oil (Petroleum) 231	☐ Yes ☒ No 232	☐ Yes ☒ No	Mixture 233
5-14 234	Additives 235	☐ Yes ☒ No 236	☐ Yes ☒ No	Mixture 237
238	239	☐ Yes ☐ No 240	☐ Yes ☐ No	241
242	243	☐ Yes ☐ No 244	☐ Yes ☐ No	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here
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HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

(one page per material per building or area)

☒ADD ☐DELETE ☐REVISE REPORTING YEAR 2006 200 Page 13 of 15

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
Coca-Cola Bottling Company of Southern California

CHEMICAL LOCATION 201
North outside warehouse.

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) 202 ☐ YES ☒ NO

FACILITY ID # F A 0 0 1 9 8 7 8 1

MAP# (optional) 203: 3

GRID# (optional) 204: E1

II. CHEMICAL INFORMATION

CHEMICAL NAME 205: Propane

TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME 207: Propane, Liquefied Petroleum Gas

EHS* ☐ Yes ☒ No 208 RS* ☐Yes ☒No 246a

CAS# 209: Mixture

*If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210: FG

HAZARDOUS MATERIAL TYPE (Check one item only) 211: ☐ a. PURE ☒b. MIXTURE ☐ c. WASTE

RADIOACTIVE ☐Yes ☒No 212

CURIES 213: N/A

PHYSICAL STATE (Check one item only) 214: ☐ a. SOLID ☐b. LIQUID ☒ c. GAS

LARGEST CONTAINER 215: 144

FED HAZARD CATEGORIES (Check all that apply) 216: ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
432	864	N/A	N/A

UNITS* (Check one item only) 221: ☐a. GALLONS ☒b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS
* If EHS, amount must be in pounds.

DAYS ON SITE: 222: 365

STORAGE CONTAINER 223:
☐ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☒ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER

STORAGE PRESSURE 224: ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE 225: ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
95-100 226	Propane 227	☐Yes ☒No 228	☐Yes ☒No	74-98-6 229
0-5 230	Propylene 231	☐Yes ☒No 232	☐Yes ☒No	115-07-1 233
234	235	☐Yes ☐No 236	☐Yes ☐No	237
238	239	☐Yes ☐No 240	☐Yes ☐No	241
242	243	☐Yes ☐No 244	☐Yes ☐No	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246
Warehouse-for barbecue

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

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UNIFIED PROGRAM (UP) FORM

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

(one page per material per building or area)

☒ ADD ☐ DELETE ☐ REVISE REPORTING YEAR 2006 200 Page 14 of 15

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
Coca-Cola Bottling Company of Southern California

CHEMICAL LOCATION 201
Warehouse

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) 202 ☐ YES ☒ NO

FACILITY ID # F A 0 0 1 9 8 7 8 1

MAP# (optional) 203: 3

GRID# (optional) 204: E3

II. CHEMICAL INFORMATION

CHEMICAL NAME 205: Lead/Acid Battery Electrolyte Solution

TRADE SECRET 206 ☐ Yes ☒ No
If Subject to EPCRA, refer to instructions

COMMON NAME 207: Lead/Acid Battery Electrolyte Solution

EHS* 208 ☒ Yes ☐ No RS* 246a ☐ Yes ☒ No

CAS# 209: Mixture

*If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210: WRI, COR

HAZARDOUS MATERIAL TYPE (Check one item only) 211 ☐ a. PURE ☒ b. MIXTURE ☐ c. WASTE

RADIOACTIVE 212 ☐ Yes ☒ No

CURIES 213: N/A

PHYSICAL STATE (Check one item only) 214 ☐ a. SOLID ☒ b. LIQUID ☐ c. GAS

LARGEST CONTAINER 215: 684.35

FED HAZARD CATEGORIES (Check all that apply) 216 ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
20,555	20,555	0	N/A

UNITS* (Check one item only) 221 ☐ a. GALLONS ☐ b. CUBIC FEET ☒ c. POUNDS ☐ d. TONS
* If EHS, amount must be in pounds.

DAYS ON SITE: 222: 365

STORAGE CONTAINER 223
☐ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☒ r. OTHER (**Battery Casing**)

STORAGE PRESSURE 224 ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE 225 ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
39 226	Sulfuric Acid 227	☒ Yes ☐ No 228	☐ Yes ☒ No	7664-93-9 229
70 230	Lead 231	☐ Yes ☒ No 232	☐ Yes ☒ No	7439-92-1 233
4 234	Antimony 235	☐ Yes ☒ No 236	☐ Yes ☒ No	7440-38-2 237
10 238	Polypropylene 239	☐ Yes ☒ No 240	☐ Yes ☒ No	9003-07-2 241
<1 242	Calcium 243	☐ Yes ☒ No 244	☐ Yes ☒ No	7440-70-2 245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246
For battery-powered equipment. Spare batteries stored inside warehouse in the battery charging station. See attached battery inventory/acid calculation sheet.
Not a CalARP regulated substance because sulfuric acid does not contain sulfur trioxide or meet the definition of oleum per MSDS.

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

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CCE Location: 19875 Pacific Gateway Drive, Torrance, CA 9050
Inventory Date: 02/09/07

Battery Type (Manufacturer/Model #)	Equipment	Quantity	Battery Specifications						Batter Acid Calculations			
			Electrolyte (gallons/battery)	Electrolyte Solution Density (lbs/gallon)	Electrolyte Solution (lbs/battery)	Sulfuric Acid (gallons/battery)	Sulfuric Acid Density (lbs/gallon)	Sulfuric Acid (lbs/battery)	Total Sulfuric Acid (gallons)	Total Sulfuric Acid (lbs)	Total Electrolyte Solution (gallons)	Total Electrolyte Solution (lbs)
DEKA/12-D85-7	Walk-behind Pallet Jacks	28	9.2	10.7434	99.16	2.5	15.31	38.3	70	1,072	258	2,777
DEKA/6-D75-11	Walker-behind Pallet Jacks	5	7.7	10.7434	82.72	2.1	15.31	32.2	11	161	39	414
DEKA/18-D125-17	Rider Scrubber	3	45.2	10.7434	485.60	12.2	15.31	186.8	37	560	136	1,457
DEKA/12-D85-13	Rider Pallet Jack	15	16.9	10.7434	181.56	4.6	15.31	70.4	69	1,056	254	2,723
DEKA/18-D85-29	Fork Lifts	19	63.7	10.7434	684.35	17.2	15.31	263.3	327	5,003	1,210	13,003
List Others Below:												
Interstate 12V	Vehicle Replacement Batteries	17	1.0	---	10.7	0.35	---	3.8	6.0	65	17	181.9
Interstate 6V	Vehicle Replacement Batteries	2	1.0	---	10.7	0.35	---	3.8	0.7	8	2	21.4
					TOTALs				513	7,852	1,896	20,555

Notes:
1. Battery specificaitons provided by manufacturer
2. Multiply volume of sulfuric acid by 15.3
3. Multiply volume of electrolyte solution by 10.7434
4. Bold - indicates quantity reported in HMDBP.

UNIFIED PROGRAM (UP) FORM

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

(one page per material per building or area)

☒ADD ☐DELETE ☐REVISE REPORTING YEAR 2006 200 Page 15 of 15

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
Coca-Cola Bottling Company of Southern California

CHEMICAL LOCATION 201
Fleet Building – Outside East of Building

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) 202 ☐ YES ☒ NO

FACILITY ID # F A 0 0 1 9 8 7 8 1 MAP# (optional) 203: 2 GRID# (optional) 204: I4

II. CHEMICAL INFORMATION

CHEMICAL NAME 205: Mixture
TRADE SECRET ☐ Yes ☒ No 206 (If Subject to EPCRA, refer to instructions)

COMMON NAME 207: Oily Waste Water
EHS* ☐ Yes ☒ No 208 RS* ☐Yes ☒No 246a

CAS# 209: Mixture
*If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210: CL

HAZARDOUS MATERIAL TYPE (Check one item only) 211: ☐ a. PURE ☒b. MIXTURE ☒ c. WASTE
RADIOACTIVE ☐Yes ☒No 212
CURIES 213: N/A

PHYSICAL STATE (Check one item only) 214: ☐ a. SOLID ☒b. LIQUID ☐ c. GAS
LARGEST CONTAINER 215: 3,000

FED HAZARD CATEGORIES (Check all that apply) 216: ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
1,500	3,000	3,000	590

UNITS* (Check one item only) 221: ☒a. GALLONS ☐b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS
* If EHS, amount must be in pounds.
DAYS ON SITE: 222: 365

STORAGE CONTAINER 223:
☐ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM
☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO
☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER
☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON
☐ q. RAIL CAR ☒ r. OTHER

STORAGE PRESSURE 224: ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE 225: ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
100 226	Oily waste water 227	☐Yes ☒No 228	☐Yes ☒No	Mixture 229
230	231	☐Yes ☐No 232	☐Yes ☐No	233
234	235	☐Yes ☐No 236	☐Yes ☐No	237
238	239	☐Yes ☐No 240	☐Yes ☐No	241
242	243	☐Yes ☐No 244	☐Yes ☐No	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246:
Oily waste water pumped periodically from underground clarifier.

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

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UNIFIED PROGRAM (UP) FORM

HAZARDOUS WASTE GENERATOR

BUSINESS NAME: 3		
Coca-Cola Bottling Company of Southern California		
FACILITY ID # 1 FA0019878	NUMBER OF EMPLOYEES: 133b 250	EPA ID # 2 CAD982411803

I. TYPE OF GENERATOR

PLEASE CHECK THE FOLLOWING BOXES THAT APPLY A

	RCRA GENERATOR (FEDERAL WASTE)	NON RCRA GENERATOR (CALIFORNIA WASTE ONLY)
LARGE QUANTITY GENERATOR (>1000 KG HAZARDOUS WASTE PER MONTH)	☐	☐
SMALL QUANTITY GENERATOR (>100 KG BUT <1000 KG HAZARDOUS WASTE PER MONTH)	☐	☐
CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR (< 100 KG HAZARDOUS WASTE PER MONTH)	☐	☒

II. WASTE STREAM IDENTIFICATION

PLEASE COMPLETE THE TABLE BELOW. SEE INSTRUCTIONS FOR CODES AND EXPLANATION.

PROCESS B	WASTE DESCRIPTION C	WASTE ID D	AMOUNT PER YEAR E	DISPOSAL METHOD F	STORAGE METHOD G
Vehicle repair	**Used oil and fuel filters**	N/A	Three 55-gallon drums	A	B
Vehicle repair	**Waste antifreeze/Ethylene Glycol Solution**	134	100	C	B
Vehicle repair	**Used oils/mixed oils**	221	300	C	B
Waste Clarifier	**Clarifier Sludge/Liquids**	N/A	3,000	B	E

I certify that the information provided herein is true and accurate to the best of my knowledge.

OWNER/OPERATOR NAME H	OWNER/OPERATOR TITLE I
DAVID CAREY	GCM
OWNER/OPERATOR SIGNATURE	DATE J
	2/15/07

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CUPA	PA	DISTRICT	INSPECTOR

ADVISORY

The site-specific Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. The contingency plan shall be reviewed, and immediately amended, if necessary, whenever:

- the plan fails in an emergency,
- the facility changes in its design, construction, operation, maintenance, or other circumstances in a way that materially increases the potential for fires, explosions, or releases of hazardous waste or hazardous waste constituents, or changes the response necessary in an emergency,
- the list of emergency coordinators changes, or
- the list of emergency equipment changes.

Submit a copy of any updates or changes to your local CUPA or PA.

UST owners/operators be advised that the local UST agency, CUPA or PA, must be notified within 30 days of any changes to the monitoring procedures listed in the UST Emergency Response and Monitoring Plan as found Section II of the Consolidated Contingency Plan.

Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

COVER PAGE

FACILITY IDENTIFICATION				
BUSINESS NAME 3 Coca-Cola Bottling Company of Southern California				FACILITY ID # 1 FA0019878
SITE ADDRESS 103 19875 South Pacific Gateway Drive		CITY 104 Torrance		ZIP CODE 105 90502

The Consolidated Contingency Plan provides businesses a format to comply with the emergency planning requirements of the following three written hazardous materials emergency response plans required in California:

- Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732),
- Hazardous Waste Generator Contingency Plan (22 CCR Section 66264.52), and,
- Underground Storage Tank Emergency Response Plan and Monitoring Program (23 CCR Sections 2632 and 2641).

This format is designed to reduce duplication in the preparation and use of emergency response plans at the same facility, and to improve the coordination between facility response personnel and local, state and federal emergency responders during an emergency. Use the chart below to determine which sections of the Consolidated Contingency Plan need to be completed for your facility. If you are unsure as to which programs your facility is subject to, refer to the Business Activities Page.

PROGRAMS	SECTION(S) TO BE COMPLETED
Hazardous Materials Business Plan (HMBP)	Cover Page, Section I, and Site Map(s)
Hazardous Waste Generator (HWG)	Cover Page, Section I, and Site Map(s)
Underground Storage Tank (UST)	Cover Page, Sections I and II, and Site Map(s)
HMBP, HWG, UST	Cover Page, Sections I and II, and Site Map(s)

A copy of the plan shall be submitted to your local CUPA and at least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency. Describe below where a copy of your Contingency Plan, including the hazardous material inventories and Site Map(s), is located at your business:

A copy of this plan will be included in the MSDS binder located in the main office and fleet building office.

PLAN CERTIFICATION

I certify under penalty of law that I have personally examined and I am familiar with the information provided by this plan and to the best of my knowledge the information is accurate, complete, and true.

Printed Name of Owner/ Operator	Title of Owner/Operator
DAVID CAREY	SCM
Signature of Owner/Operator	Date
	02/15/07

We appreciate the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact your local CUPA or PA.

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DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

I. FACILITY IDENTIFICATION

BUSINESS NAME		FACILITY ID #
Coca-Cola Bottling Company of Southern California (3)		FA0019878 (1)
SITE ADDRESS (103)	CITY (104)	ZIP CODE (105)
19875 South Pacific Gateway Drive	Torrance	90502

II. EMERGENCY CONTACTS

PRIMARY	SECONDARY
NAME (123): David Carey	NAME (128): William Choat
TITLE (124): Branch Manager	TITLE (129): Office Manager
BUSINESS PHONE (125): (310) 965-2700	BUSINESS PHONE (130): (310) 965-2605
24-HOUR PHONE (126): (310) 863-4595	24-HOUR PHONE (131): (310) 678-7728
PAGER # (127): N/A	PAGER # (132): N/A

III. EMERGENCY RESPONSE PLANS AND PROCEDURES

A. Notifications

Your business is required by State Law to provide an immediate verbal report of any release or threatened release of a hazardous material to local fire emergency response personnel, this Unified Program Agency (CUPA or PA), and the Office of Emergency Services. If you have a release or threatened release of hazardous materials, immediately call:

FIRE/PARAMEDICS/POLICE/SHERIFF
PHONE: 911

AFTER the local emergency response personnel are notified, you shall then notify this Unified Program Agency and the Office of Emergency Services.

Local Unified Program Agency: (323) 890 - 4317
State Office of Emergency Service: (800) 852-7550 or (916) 262-1621
National Response Center: (800) 424-8802

Information to be provided during Notification:

- Your Name and the Telephone Number from where you are calling.
- Exact address of the release or threatened release.
- Date, time, cause, and type of incident (e.g. fire, air release, spill etc.)
- Material and quantity of the release, to the extent known.
- Current condition of the facility.
- Extent of injuries, if any.
- Possible hazards to public health and/ or the environment outside of the facility.

B. Emergency Medical Facility

List the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous material

HOSPITAL/CLINIC:	PHONE NO:
Health Works Medical Group	310-324-5777
ADDRESS: 19401 S. Vermont Avenue, Building L	
CITY: Torrance	ZIP CODE: 90502

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Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

C. Private Emergency Response

DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM? ☐ Yes ☒ No

If yes, provide an attachment that describes what policies and procedures your business will follow to notify your on-site emergency response team in the event of a release or threatened release of hazardous materials.

CLEANUP/DISPOSAL CONTRACTOR

List the contractor that will provide cleanup services in the event of a release.

NAME OF CONTRACTOR:	PHONE NO:
Environmental Recovery Services	**562-427-7277**
ADDRESS: **2650 Lime Avenue**	
CITY: **Signal Hill**	ZIP CODE: **90755**

D. Arrangements With Emergency Responders

If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements on the lines below:

No contractual arrangements have been made.
Environmental Recovery Services is a local qualified emergency response contractor available as needed.

E. Evacuation Plan

1. The following alarm signal(s) will be used to begin evacuation of the facility *(check all which apply)*:

☒ Verbal ☒ Telephone *(including cellular)* ☒ Alarm System ☐ Public Address System ☒ Intercom
☐ Pagers ☒ Portable Radio ☐ Other *(specify)*:

2. ☒ Evacuation map is prominently displayed throughout the facility.

3. ☒ Individual(s) responsible for coordinating evacuation including spreading the alarm and confirming the business has been evacuated:

David Carey, Branch Manager
Willy Choat, Operations Manager
Other staff tasked with performing role call during emergency.

F. Earthquake Vulnerability

Identify areas of the facility where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.

☒ Hazardous Waste/ Hazardous Materials Storage Areas ☐ Production Floor ☐ Process Lines
☐ Bench/ Lab ☐ Waste Treatment ☐ Other:

Identify mechanical systems where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.

☒ Utilities ☒ Sprinkler Systems ☒ Cabinets ☒ Shelves
☒ Racks ☒ Pressure Vessels ☒ Gas Cylinders ☒ Tanks
☒ Process Piping ☒ Shutoff Valves ☒ Other: battery charging stations

Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

G. Emergency Procedures
Briefly describe your business standard operating procedures in the event of a release or threatened release of hazardous materials:
1. **PREVENTION** (prevent the hazard) - Describe the kinds of hazards associated with the hazardous materials present at your facility. What actions would your business take to prevent these hazards from occurring? You may include a discussion of safety and storage procedures.
Hazardous materials/wastes (HM/HW) stored at the facility include: batteries, flammable liquids and compressed gases.
All HM/HWs are stored in closed containers. Containers are compatible with the material stored.
Secondary containment is provided for liquids to ensure spills or releases are contained to the storage areas.
Personal protective equipment, spill response equipment and first aid equipment are provided in designated areas.
Material safety data sheets (MSDS) are maintained in areas where HM/HWs are stored.
HM/HW training is provided to appropriate staff.
2. **MITIGATION** (reduce the hazard) - Describe what is done to lessen the harm or the damage to person(s), property, or the environment, and prevent what has occurred from getting worse or spreading. What is your immediate response to a leak, spill, fire, explosion, or airborne release at your business?
The hazard or potential hazard will be assessed. The safety and health of employees and neighbors are first priority.
Sound the evacuation alarm if warranted and assemble at the designated area. Appropriate authorities will be notified.
Appropriate authorities (police, fire, ambulance) will be notified if outside lenders of aid are required.
Contact Coca-Cola's internal Immediate Action Team coordinator (1-888-334-2653)
Releases will be contained as best as permissible until mitigated. Priority to storm water and process drains.
Render first aid medical assistance if needed.
3. **ABATEMENT** (remove the hazard) - Describe what you would do to stop and remove the hazard. How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your facility?
Absorbent material and personal protective equipment will be used to control spilled liquid.
Waste generated by this process will be properly collected and disposed of appropriately.
On-site staff will only abate incidental spills or emergencies to the extent of their training and available resources.
Outside help will be used when needed.

Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

IV. Emergency Equipment

22 CCR, Section 66265.52(e) [as referenced by Section 66262.34(a)(3)] requires that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. Location *	4. Description**
Personal Protective, Equipment, Safety Equipment, and First Aid Equipment	☐ Cartridge Respirators		
	☐ Chemical Monitoring Equipment *(describe)*		
	☒ Chemical Protective Aprons/Coats	O	stored in office to use when needed
	☒ Chemical Protective Boots	O	stored in office to use when needed
	☒ Chemical Protective Gloves	O	stored in office to use when needed
	☐ Chemical Protective Suits *(describe)*		
	☒ Face Shields	O	stored in office to use when needed
	☒ First Aid Kits/Stations *(describe)*	W, F, O	general aid plus burn kit/infection control
	☐ Hard Hats		
	☒ Plumbed Eye Wash Stations	W,F	
	☒ Portable Eye Wash Kits *(i.e. bottle type)*	W, F	
	☐ Respirator Cartridges *(describe)*		
	☒ Safety Glasses/Splash Goggles	W, F	standard splash goggles
	☒ Safety Showers	W, F	
	☐ Self-Contained Breathing Apparatuses (SCBA)		
	☒ Other *(describe)*	W, F,O	ear plugs, DOT string, latex gloves
Fire Extinguishing Systems	☒ Automatic Fire Sptinkler Systems	W, F, O	
	☒ Fire Alarm Boxes/Stations	W, F, O	
	☒ Fire Extinguisher Systems *(describe)*	W, F, O	portable, hand held
	☐ Other *(describe)*		
Spill Control Equipment and Decontamination Equipment	☒ Absorbents (describe)	W	general purpose acid absorbent
	☒ Berms/Dikes (describe)	W	concrete berm around battery charging area
	☒ Decontamination Equipment (describe)	W	acid spill control kit
	☐ Emergency Tanks (describe)		
	☐ Exhaust Hoods		
	☐ Gas Cylinders Leak Repair Kits (describe)		
	☒ Neutralizers (describe)	W	acid neutralizing for batteries
	☐ Overpack Drums		
	☒ Sumps (describe)	F	waste clarifier
	☐ Other (describe)		
Communications and Alarm Systems	☐ Chemical Alarms (describe)		
	☒ Intercoms/ PA Systems	W, F, O	speakers mounted throughout warehouse
	☒ Portable Radios	W, F, O	used by supervising staff
	☒ Telephones	W, F, O	cell phones and portable phones
	☐ Underground Tank Leak Detection Monitors		
	☐ Other (describe)		
Additional Equipment (Use Additional Pages if Needed.)			

* *Use the Location Codes (LC) from the Site Map(s) prepared for your Contingency Plan.*

** *Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.*

Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

V. EMPLOYEE TRAINING

All facilities which handle hazardous materials must have a written employee training plan. A blank plan has been provided below for you to complete and submit. The items listed below are required per Health and Safety Code Section 25504 (c) and Title 19 Section 2732.

Facility personnel are trained as follows:

☐	Familiarity with all plans and procedures specified in the Contingency Plan.
☐	Methods for Safe Handling of Hazardous Materials.
☐	Safety procedures in the event of a release or threatened release of a hazardous material.
☐	Use of Emergency Response equipment and supplies under the control of the business.
☐	Procedures for Coordination with local Emergency Response Organizations.

Training shall be provided:

☐ Initially for all new employees.
☐ Annually, including refresher courses, for all employees.

Note: These training programs may take into consideration the position of each employee.

Additional training should include:

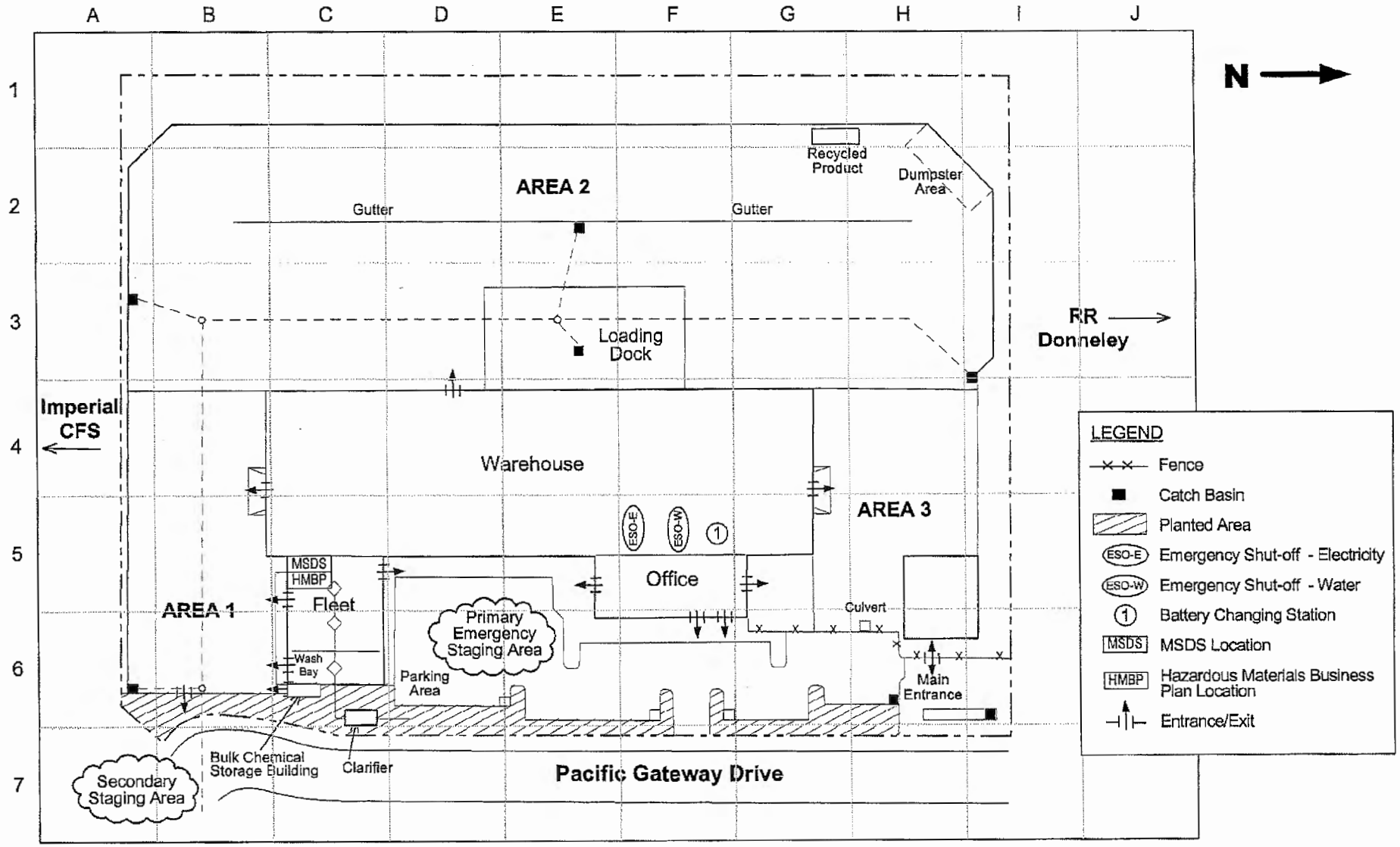
☐ Internal alarm/notification procedures.
☐ Evacuation/re-entry procedures and assembly point locations.
☐ Material Safety Data Sheet (MSDS) training including specific hazard(s) of each chemical to which employees may be exposed, including routes of exposure *(i.e. inhalation, ingestion, absorption).*

VI. HAZARDOUS WASTE GENERATOR TRAINING

If your business is a hazardous waste generator, you are required to provide training in hazardous waste management for all workers who handle hazardous waste at your site (22 CCR §66265.16). You are also required to document training. The items below are required.

EMPLOYEE TRAINING	
☐	Facility personnel will successfully complete training within six months after the date of their employment or assignment to a facility or to a new position at a facility.
☐	Employees will not handle hazardous wastes without supervision until trained.
TRAINING DOCUMENTATION	
The owner or operator must maintain the following documents and records at the facility:	
☐	Job title for each position at the facility that is related to hazardous waste management, and the names of the employee(s) filling the position(s).
☐	Description for each position listed above (must include required skill, education, or other qualifications as well as duties of employees assigned to the position.
☐	Description of *type* and *amount* of both introductory and continuing training given to each employee.
☐	Records that document that the requirements for training or job experience have been met.
☐	Current employees' training records (to be retained until closure of the facility).
☐	Former employees' training records (to be retained at least three years after termination of employment).

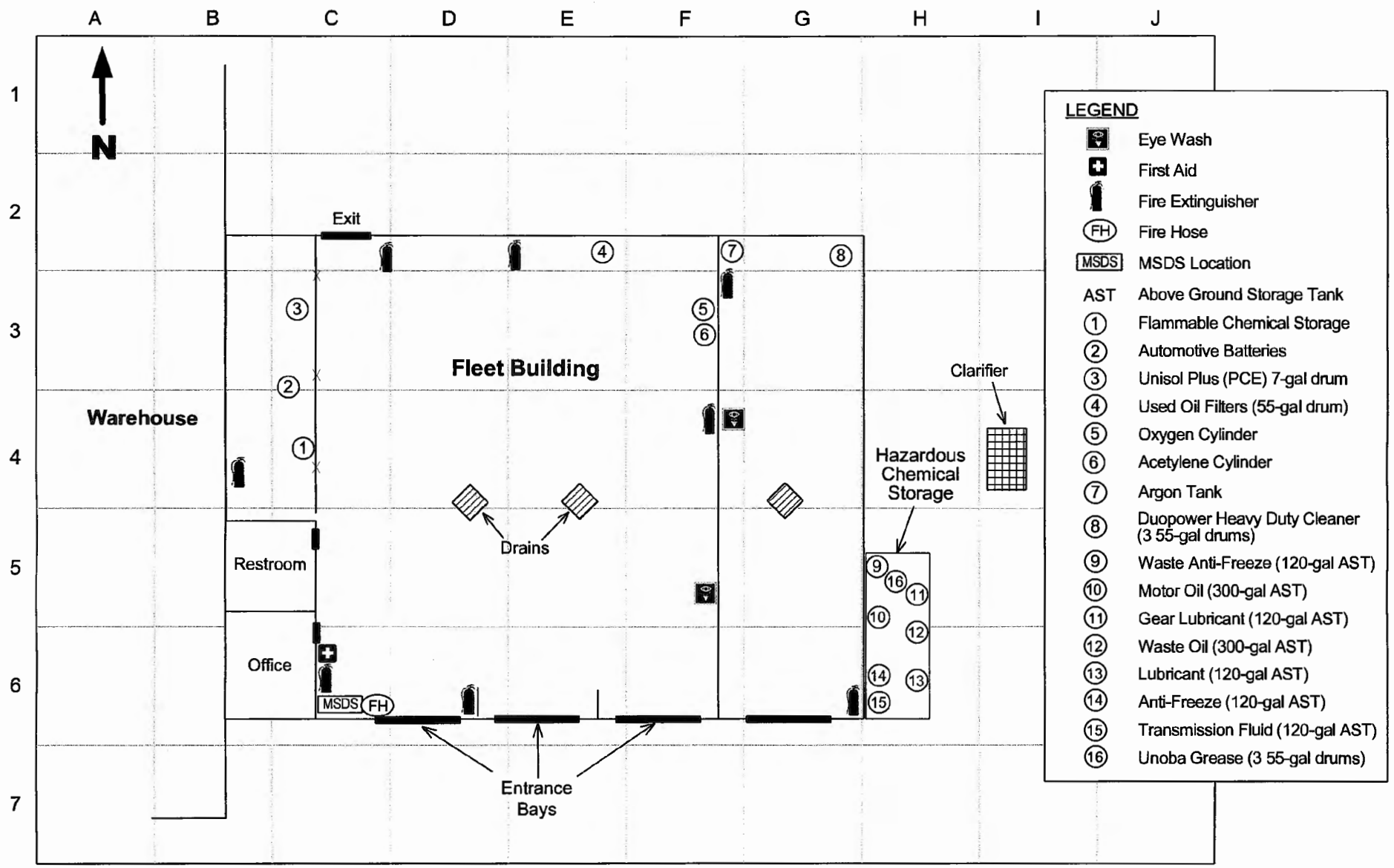
CALIFORNIA ANNOTATED SITE MAP	Business Name: Coca-Cola Bottling Co. of Southern California	Site Address: 19875 Pacific Gateway Drive, Torrance, CA 90502	Map #: 1



FACILITY SITE PLAN

Drawing Not to Scale

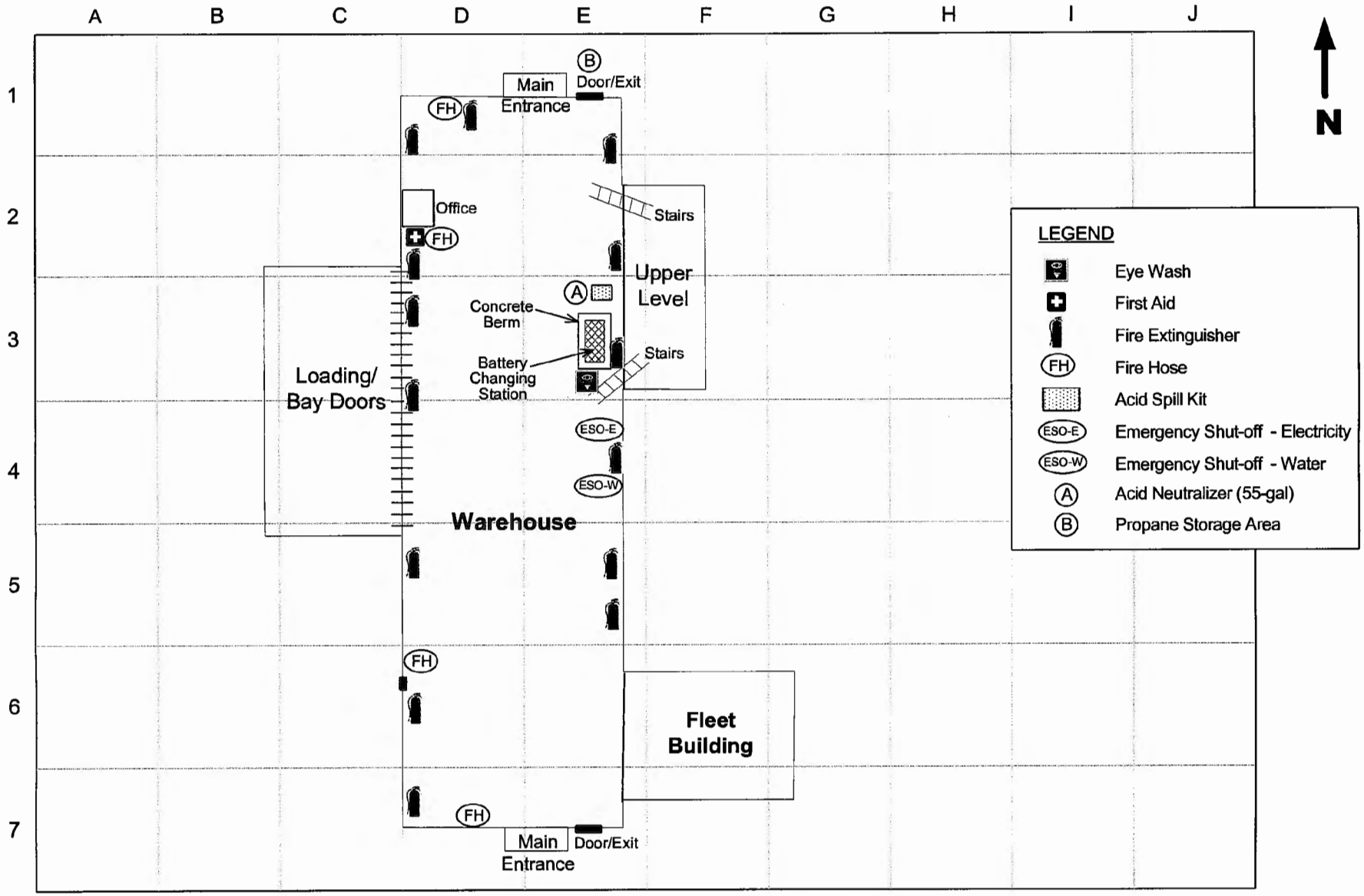
CALIFORNIA ANNOTATED SITE MAP	Business Name: Coca-Cola Bottling Co. of Southern California	Site Address: 19875 Pacific Gateway Drive, Torrance, CA 90502	Map #: 2



STORAGE MAP - FLEET BUILDING

Drawing Not to Scale

CALIFORNIA ANNOTATED SITE MAP	Business Name: Coca-Cola Bottling Co. of Southern California	Site Address: 19875 Pacific Gateway Drive, Torrance, CA 90502	Map #: 3



STORAGE MAP - WAREHOUSE

Drawing Not to Scale

HAZARDOUS MATERIALS BUSINESS PLAN CERTIFICATION FORM

For Use by Unidocs Member Agencies or where approved by your Local Jurisdiction
Authority Cited: Health and Safety Code §25503.3(c); 19 CCR §2729.5(c)

To: Agency Name: **City of Los Angeles Fire Department**
Agency Mailing Address: **200 N. Main Street Room 1780**
Los Angeles, CA 90012

Pursuant to Section 25503.3(c) of California Health and Safety Code (HSC), the Hazardous Materials Business Plan (HMBP) certification described below is hereby submitted for the following facility:

Facility Name: **Coca-Cola Bottling Company of Southern California**
Facility Street Address: **19875 South Pacific Gateway Drive** City: **Torrance, CA**
Date of Current HMBP: **2/14/2007**

I certify that: *(Check the appropriate box.)*

☐ I have personally reviewed the Hazardous Materials Business Plan currently on file with your agency and certify that the HMBP is complete and accurate. *(See bottom of page for details.)* If this facility is subject to Federal Emergency Planning and Community Right to Know Act (EPCRA) reporting requirements, I have submitted the following documents with this Certification Form: Unified Program Consolidated Form (UPCF) Business Activities page; UPCF Business Owner/Operator Identification page with current signature and date; Hazardous Materials Inventory Statement page(s) with an original signature, photocopy of an original signature, or signature stamp on each page for all Extremely Hazardous Substances (EHS) handled at or above their Federal Threshold Planning Quantity (TPQ) or 500 pounds, whichever is less.

or

☒ Revisions to the Hazardous Materials Business Plan are necessary. The HMBP as revised is complete and accurate and is being implemented. A copy of the revisions has been electronically submitted or is enclosed with this Certification along with a signed UPCF Business Owner/Operator Identification page and UPCF Business Activities page if the HMBP revision include changes to the Hazardous Materials Inventory Statement.

OWNER/OPERATOR CERTIFICATION: I hereby certify under penalty of law that, based upon my inquiry of those individuals responsible for obtaining the information reported above, I believe that the submitted information is true, accurate, and complete. I understand that a revised HMBP must be submitted within 30 days of any change in this facility's storage or handling of hazardous materials that would require updating of the HMBP.

Name of Owner/Operator *(Print)*: **Katie Giesler** Title: **Branch Manager**
Phone: **(310) 965-2636** Signature: Katie L. Giesler Date: 3/5/09

By checking the upper box on this form, you are certifying that:

- The information contained in the HMBP most recently submitted is complete, accurate, and up-to-date; **and**
- There has been no change in the quantity of any hazardous material as reported in the most recently submitted Hazardous Materials Inventory forms; **and**
- The facility has not begun handling any hazardous material in a HMBP reportable quantity that is not currently listed in the Hazardous Materials Inventory; **and**
- The most recently submitted HMBP contains the information required by Section 11022 of Title 42 of the United States Code; **and**
- There have been no substantial changes in the facility's operations that would require revision of the current HMBP.

UNIFIED PROGRAM (UP) FORM
BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	F	A		0	0	1		9	8	7	8			1	EPA ID # (Hazardous Waste Only) CAD982411803 2

BUSINESS NAME (Same as Facility Name of DBA-Doing Business As) 3

Coca-Cola Bottling Company of Southern California

II. ACTIVITIES DECLARATION

NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page.

Does your facility…		If Yes, please complete these pages of the UPCF….
A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	☒ YES ☐ NO 4	HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION CONSOLIDATED CONTINGENCY PLAN (Section I and Site Map(s)) TRAINING PLAN
B. UNDERGROUND STORAGE TANKS (USTs)		
1. Own or operate underground storage tanks?	☐ YES ☒ NO 5	UST FACILITY UST TANK (one page per tank)
2. Intend to upgrade existing or install new USTs?	☐ YES ☒ NO 6	UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank)
3. Need to report closing a UST?	☐ YES ☒ NO 7	UST TANK (closure portion –one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (APSTs) Own or operate APSTs above this threshold: —the total capacity for the facility is greater than 1,320 gallons?	☐ YES ☒ NO 8	NO FORM REQUIRED TO CUPAs
D. HAZARDOUS WASTE		
1. Generate hazardous waste?	☒ YES ☐ NO 9	EPA ID NUMBER – provide at the top of this page As a generator, answer YES to Item E2b and complete Waste Generator Form
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?	☐ YES ☒ NO 10	RECYCLABLE MATERIALS REPORT
3. Treat hazardous waste on site?	☐ YES ☒ NO 11	ONSITE HAZARDOUS WASTE TREATMENT – FACILITY ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES ☒ NO 12	CERTIFICATION OF FINANCIAL ASSURANCE
5. Consolidate hazardous waste generated at a remote site?	☐ YES ☒ NO 13	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	☐ YES ☒ NO 14	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
E. LOCAL REQUIREMENTS 15		
1. REGULATED SUBSTANCES		
Have Regulated Substances (RS) including Extremely Hazardous Substances (EHS) stored on site at greater than the threshold planning quantities established by the California Accidental Release Program (Cal ARP) ?	☒ YES ☐ NO 15a	In addition to Hazardous Materials requirements, complete: Regulated Substance Registration Risk Management Plan (when required)
2. OTHER REQUIREMENTS		
a. Have hazardous materials stored on site at or above a threshold amount established by a CUPA's or PA's local ordinance?	☒ YES ☐ NO 15b	Consult local CUPA or PA for added reporting requirements
b. Required by a CUPA or PA to provide other information?	☒ YES ☐ NO 15c	Waste Generator Form (LA County)

OFFICIAL USE ONLY	UP FORM	HW	HM	ARP	AST	UST	TP	CUPA	PA

UNIFIED PROGRAM (UP) FORM

BUSINESS OWNER/OPERATOR IDENTIFICATION (LACoCUPA Form 2730)

☐ NEW BUSINESS ☐ OUT OF BUSINESS ☒ REVISE/UPDATE

I. IDENTIFICATION

FACILITY ID# FA 0019878 [1]	BEGINNING DATE [100] 1/1/09	ENDING DATE [101] 12/31/09	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) [3] Coca-Cola Bottling Company of Southern California		BUSINESS PHONE [102] (310) 965-2653	
BUSINESS SITE ADDRESS [103] 19875 South Pacific Gateway Drive			
CITY Torrance [104]	CA	ZIP CODE 90502 [105]	
DUN & BRADSTREET 802706986 [106]		SIC CODE (4 digit #) 5149 [107]	
COUNTY LOS ANGELES [108]		UNINCORPORATED ☐ Yes ☒ No [133a.]	
BUSINESS OPERATOR NAME [109] Coca-Cola Bottling Company of Southern California		BUSINESS OPERATOR PHONE [110] (310) 965-2653	

II. BUSINESS OWNER

OWNER NAME [111] BCI Coca- Cola Bottling Company of Los Angeles	OWNER PHONE [112] (310) 965-2653	
OWNER MAILING ADDRESS [113] 19875 South Pacific Gateway Drive		
CITY Torrance [114]	STATE CA [115]	ZIP CODE 90502 [116]

III. ENVIRONMENTAL CONTACT

CONTACT NAME [117] William Choat	CONTACT PHONE [118] (310) 965-2653	
CONTACT MAILING ADDRESS [119] 19875 South Pacific Gateway Drive		
CITY Torrance [120]	STATE CA [121]	ZIP CODE 90502 [122]

IV. EMERGENCY CONTACTS

PRIMARY		SECONDARY	
NAME Katie Giesler	[123]	NAME William Choat	[128]
TITLE Branch Manager	[124]	TITLE Operations Manager	[129]
BUSINESS PHONE (310) 965-2700	[125]	BUSINESS PHONE (310) 965-2605	[130]
24-HOUR PHONE (213) 248-1480	[126]	24-HOUR PHONE (310) 678-7728	[131]
PAGER # N/A	[127]	PAGER # N/A	[132]
E-MAIL ADDRESS (if any) kgiesler@cokecce.com	[133b]	E-MAIL ADDRESS (if any) wchoat@cokecce.com	[133b]

V. ADDITIONAL LOCALLY COLLECTED INFORMATION [133]

FEDERAL TAX IDENTIFICATION NUMBER **13-3346695**	[133c]	NO. OF EMPLOYEES 250 [133d]
NAME, POSITION, AND DATE OF BIRTH **KATIE GIESLER, BRANCH MANAGER, 12/31/79**		
DRIVER'S LICENSE NUMBER AND STATE **D4031672 CALIFORNIA**		BUSINESS CODE 01 [133e]

MAILING/ BILLING INFORMATION

ADDRESS [133f]	CITY [133g]	STATE [133h]	ZIP CODE [133i]
19875 South Pacific Gateway Drive	Torrance	CA	90502

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE [134]	NAME OF DOCUMENT PREPARER [135]
		B. Gerard, ARCADIS U.S., Inc.
NAME OF SIGNER (print) [136] Katie Giesler	TITLE OF SIGNER [137] Branch Manager	

OFFICIAL USE ONLY	UP Form	HW	HM	ARP	APST	UST	TP	CUPA	PA

INSPECTOR	DISTRICT	DATE OF INSP.	DIVISION	BATTALION	STATION

UNIFIED PROGRAM (UP) FORM

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

(one page per material per building or area)

☐ ADD ☒ DELETE ☐ REVISE REPORTING YEAR 2009 200 Page 2 of 3

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
Coca-Cola Bottling Company of Southern California

CHEMICAL LOCATION 201
Fleet Building

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) 202 ☐ YES ☒ NO

FACILITY ID # F A [redacted] 0 0 1 [redacted] 9 8 7 8 1

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205
Argon

TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME Argon 207

EHS* ☐ Yes ☒ No 208 RS* ☐ Yes ☒ No 246a

CAS# 7440-37-1 209

*If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) NFG 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☒ a. PURE ☐ b. MIXTURE ☐ c. WASTE 211

RADIOACTIVE ☐ Yes ☒ No 212

CURIES N/A 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☐ b. LIQUID ☒ c. GAS 214

LARGEST CONTAINER None 215

FED HAZARD CATEGORIES (Check all that apply) ☐ a. FIRE ☒ b. REACTIVE ☒ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
0	0	N/A	N/A

UNITS* (Check one item only) 221 ☐ a. GALLONS ☒ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS
* If EHS, amount must be in pounds.

DAYS ON SITE: 222
365

STORAGE CONTAINER
☐ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM
☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO
☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☒ l. CYLINDER
☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON
☐ q. RAIL CAR ☐ r. OTHER 223

STORAGE PRESSURE ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
226	227	☐ Yes ☐ No 228	☐ Yes ☐ No	229
230	231	☐ Yes ☐ No 232	☐ Yes ☐ No	233
234	235	☐ Yes ☐ No 236	☐ Yes ☐ No	237
238	239	☐ Yes ☐ No 240	☐ Yes ☐ No	241
242	243	☐ Yes ☐ No 244	☐ Yes ☐ No	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246
No longer at facility

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY

DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

UNIFIED PROGRAM (UP) FORM

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

(one page per material per building or area)

☐ ADD ☒ DELETE ☐ REVISE REPORTING YEAR 2009 200 Page 3 of 3

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
Coca-Cola Bottling Company of Southern California

CHEMICAL LOCATION 201
North outside warehouse.

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 1 9 8 7 8 1

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205
Propane

TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME Propane, Liquefied Petroleum Gas 207

EHS* ☐ Yes ☒ No 208 RS* ☐ Yes ☒ No 246a

CAS# Mixture 209

*If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) FG 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☒ b. MIXTURE ☐ c. WASTE 211

RADIOACTIVE ☐ Yes ☒ No 212

CURIES N/A 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☐ b. LIQUID ☒ c. GAS 214

LARGEST CONTAINER None 215

FED HAZARD CATEGORIES (Check all that apply) ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
0	0	N/A	N/A

UNITS* (Check one item only) ☐ a. GALLONS ☒ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.

DAYS ON SITE: 0 222

STORAGE CONTAINER
☐ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER 223

STORAGE PRESSURE ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
95-100 226	Propane 227	☐ Yes ☒ No 228	☐ Yes ☒ No	74-98-6 229
0-5 230	Propylene 231	☐ Yes ☒ No 232	☐ Yes ☒ No	115-07-1 233
234	235	☐ Yes ☐ No 236	☐ Yes ☐ No	237
238	239	☐ Yes ☐ No 240	☐ Yes ☐ No	241
242	243	☐ Yes ☐ No 244	☐ Yes ☐ No	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246
No longer at facility.

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY

DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

Katie L Giesler

From: Gerard, Becky [Rebecca.Gerard@arcadis-us.com]
Sent: Friday, February 27, 2009 5:51 PM
To: Katie L Giesler
Cc: William F Choat; Ann E Macdonald; Teague, Lisa
Subject: RE: Torrance Facility HMDBP -- ACTION REQUIRED BY MARCH 1
Attachments: Torrance HMDBP 2009.pdf; Torrance COVER_LET'08.doc

Follow Up Flag: Follow up
Flag Status: Flagged

Katie,
I have attached the HMDBP forms to be submitted to the fire department. The forms are due to the agency by March 1, but mailing by Monday will be fine; we realize this is last-minute and appreciate your efforts in getting these out as soon as possible. Instructions follow:

1. Sign the Certification and Business Owner ID forms on the signature lines at the bottom.
2. Copy and paste the attached transmittal letter onto your site-specific letterhead and send with the signed copies of the forms.
3. Make a copy of the complete, signed document.
4. Mail the original, "Certified Mail, Return Receipt Requested" to:

City of Los Angeles Fire Department
200 N Main Street Room 1780
Los Angeles, CA 90012

5. Forward electronic copy of the complete, signed document by email to:

Ann Macdonald (amacdonald@cokecce.com)
Lisa Teague (lisa.teague@cokecce.com)

6. File hard copy in designated folder in the Front Office. Ensure that emergency coordinators and Fleet Manager are informed of the plan location.

Thanks again for your help,
Becky Gerard

From: Gerard, Becky
Sent: Friday, February 27, 2009 4:23 PM
To: 'kgiesler@cokecce.com'
Cc: 'wchoat@cokecce.com'; 'Ann E Macdonald'; Teague, Lisa
Subject: Torrance Facility HMDBP

Katie,
I will be sending the annual update to the Hazardous Materials Business plan by close of business today. When you receive the plan, please review, sign, and send by certified mail asap.
Thanks,
Becky Gerard

BLYMYER
ENGINEERS, INC.

www.blymyer.com

November 12, 2009
BEI Job No. 97071.6

Via Certified Mail, Return Receipt Requested
7006 0810 0001 5140 3271

Attn: Storm Water Section
State Water Resources Control Board
Division of Water Quality
P.O. Box 1977
Sacramento, CA 95812-1977

Subject: Facility Operator Address Change for BCI Coca-Cola Bottling Company of Los Angeles

Dear Storm Water Section:

On behalf of our client, BCI Coca-Cola Bottling Company of Los Angles (LA), we are forwarding the enclosed Change of Information NOIs for 27 BCI Coca-Cola Bottling Company of LA facilities. **As indicated on each NOI, only the Facility Operator Information (address and phone number) has changed.** This is only a facility operator address change. All facility site information has remained the same.

Please update your records accordingly and provide confirmation that the corrections have been made.

Please call me at (800) 753-3773, ext. 139, if you have any questions

Sincerely,

Blymyer Engineers, Inc.

By: _____
Nina Schittli
Manger, Storm Water Services

Enclosures

c: Ann Macdonald, BCI Coca-Cola Bottling Company of LA

1829 CLEMENT AVENUE ALAMEDA, CA 94501•1395
PHONE 510•521•3773 FAX 510•865•2594

State of California
State Water Resources Control Board

NOTICE OF INTENT

TO COMPLY WITH THE TERMS OF THE
GENERAL PERMIT TO DISCHARGE STORM WATER
ASSOCIATED WITH **INDUSTRIAL ACTIVITY** (WQ ORDER No. 97-03-DWQ)
(*Excluding Construction Activities*)

SECTION I. NOI STATUS (please check only one box)

A. [ ] New Permittee B. [X] Change of Information WDID # 4 | 1 | 9 | I | 0 | 0 | 6 | 4 | 6 | 6 |

SECTION II. FACILITY OPERATOR INFORMATION (See instructions)

A. NAME: BICI ICIOICA-ICIOLA BIOTTLING COMPANY OF LA
Phone: 510-476-7000

Mailing Address: 5151 ATLANTIC STREET

City: UNION CITY
State: CA
Zip Code: 94587-2005

Contact Person: Ann Macdonald

B. OPERATOR TYPE:
(check one) 1.[ ] Private Individual 2.[X] Business 3.[ ] Municipal 4.[ ] State 5.[ ] Federal 6.[ ] Other

SECTION III. FACILITY SITE INFORMATION

A. FACILITY NAME
Phone: ___-___-____

Facility Location:
County:

City:
State: CA
Zip Code: ____-____

B. MAILING ADDRESS:

City:
State:
Zip Code: ____-____

Contact Person:

C. FACILITY INFORMATION (check one)
Total Size of Site: _____ Acres [ ] Sq. Ft. [ ]
Percent of Site Impervious (*including rooftops*) _____ %

D. SIC CODE(S) OF REGULATED ACTIVITY:
1. ____
2. ____
3. ____

E. REGULATED ACTIVITY (*describe each SIC code*):
1.
2.
3.

FOR STATE USE ONLY:

SECTION IV. ADDRESS FOR CORRESPONDENCE

|_| Facility Operator Mailing Address (Section II) |_| Facility Mailing Address (Section III, B.) |_| Both

SECTION V. BILLING ADDRESS INFORMATION

SEND BILL TO: [ ]Facility Operator Mailing Address (Section II) [ ]Facility Mailing Address (Section III, B.) [ ]Other (*enter information below*)

Name: Phone:

Mailing Address:

City: State: Zip Code:

Contact Person:

SECTION VI. RECEIVING WATER INFORMATION

Your facility's storm water discharges flow: (*check one*) [ ] Directly OR [ ] Indirectly to waters of the United States.

Name of receiving water: _____
(river, lake, stream, ocean, etc.)

SECTION VII. IMPLEMENTATION OF PERMIT REQUIREMENTS

A. STORM WATER POLLUTION PREVENTION PLAN (SWPPP) (*check one*)
[ ] A SWPPP has been prepared for this facility and is available for review.
[ ] A SWPPP will be prepared and ready for review by (enter date): ___/___/___.

B. MONITORING PROGRAM (check one)
[ ] A Monitoring Program has been prepared for this facility and is available for review.
[ ] A Monitoring Program will be prepared and ready for review by (enter date): ___/___/___.

C. PERMIT COMPLIANCE RESPONSIBILITY
Has a person been assigned responsibility for:

1. Inspecting the facility throughout the year to identify any potential pollution problems? ____YES ____NO
2. Collecting storm water samples and having them analyzed? ____YES ____NO
3. Preparing and submitting an annual report by July 1 of each year? ____YES ____NO
4. Eliminating discharges other than storm water (*such as equipment or vehicle wash-water*) into the storm drain? ____YES ____NO

SECTION VIII. SITE MAP

I HAVE ENCLOSED A SITE MAP YES[ ] A new NOI submitted without a site map will be rejected.

SECTION IX. CERTIFICATION

"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. In addition, I certify that I have read the entire General Permit, including all attachments, and agree to comply with and be bound by all of the provisions, requirements, and prohibitions of the permit, including the development and implementation of a Storm Water Pollution Pervention Plan and a Monitoring Program Plan will be complied with."

Printed Name: Ann Macdonald

Signature: Ann E. Macdonald Date 11-12-09

Title: Environmental Affairs Manager

UNIFIED PROGRAM (UP) FORM
BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	F	A		0	0	1		9	8	7	8			1	EPA ID # (Hazardous Waste Only) CAD982411803	2

BUSINESS NAME (Same as Facility Name of DBA-Doing Business As) 3

Coca-Cola Bottling Company of Southern California

II. ACTIVITIES DECLARATION

NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page.

Does your facility...	If Yes, please complete these pages of the UP FORM....	
A. HAZARDOUS MATERIALS		
Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	☒ YES ☐ NO 4	HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION CONSOLIDATED CONTINGENCY PLAN (Section I and Site Map(s)) TRAINING PLAN
B. UNDERGROUND STORAGE TANKS (USTs)		
1. Own or operate underground storage tanks?	☐ YES ☒ NO 5	UST FACILITY UST TANK (one page per tank)
2. Intend to upgrade existing or install new USTs?	☐ YES ☒ NO 6	UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank)
3. Need to report closing a UST?	☐ YES ☒ NO 7	UST TANK (closure portion –one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (APSTs) Petroleum oil is stored in any container or tank that has a storage capacity of 55 gallons or more. The aggregate capacity of petroleum oil in all tanks and containers is greater than 1,320 gallons.	☐ YES ☒ NO 8	CONSOLIDATED CONTINGENCY PLAN (Section I and Site Map(s))
D. HAZARDOUS WASTE		
1. Generate hazardous waste?	☒ YES ☐ NO 9	EPA ID NUMBER – provide at the top of this page. As a generator, answer YES to Item E2b and complete Waste Generator Form.
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?	☐ YES ☒ NO 10	RECYCLABLE MATERIALS REPORT
3. Treat hazardous waste on site?	☐ YES ☒ NO 11	ONSITE HAZARDOUS WASTE TREATMENT – FACILITY ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES ☒ NO 12	CERTIFICATION OF FINANCIAL ASSURANCE
5. Consolidate hazardous waste generated at a remote site?	☐ YES ☒ NO 13	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	☐ YES ☒ NO 14	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
E. LOCAL REQUIREMENTS		15
1. REGULATED SUBSTANCES		
Have Regulated Substances (RS) including Extremely Hazardous Substances (EHS) stored on site at greater than the threshold planning quantities established by the California Accidental Release Program (Cal ARP) ?	☐ YES ☒ NO 15a	In addition to Hazardous Materials requirements, complete: Regulated Substance Registration Risk Management Plan (when required)
2. OTHER REQUIREMENTS		
a. Have hazardous materials stored on site at or above a threshold amount established by a CUPA's or PA's local ordinance?	☐ YES ☒ NO 15b	Consult local CUPA or PA for added reporting requirements.
b. Required by a CUPA or PA to provide other information?	☒ YES ☐ NO 15c	Waste Generator Form (LA County)

OFFICIAL USE ONLY	UP Form	HW	HM	ARP	AST	UST	TP	CUPA	PA

Business Owner/Operator Identification (LACoCUPA Form 2730)

Please submit the Business Activities page, the Business Owner/Operator Identification page (Form 2730), and Hazardous Materials - Chemical Description pages (Form 2731) for all hazardous materials inventory submissions. For the inventory to be considered complete, this page must be signed by the appropriate individual. Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER This number is assigned by the CUPA. This is the unique number which identifies your facility.
3. BUSINESS NAME Enter the full legal name of the business.
100. BEGINNING DATE Enter the beginning year and date of the report. (YYYY/MM/DD, ex. 1999/07/01)
101. ENDING DATE Enter the ending year and date of the report. (YYYY/MM/DD, ex. 2000/06/30)
102. BUSINESS PHONE Enter the phone number, area code first, and any extension.
103. BUSINESS SITE ADDRESS Enter the street address where the facility is located. No post office box numbers are allowed.
104. CITY Enter the city or unincorporated area in which the business site is located.
105. ZIP CODE - Enter the zip code of the business site. The extra 4 digits in the zip code may also be added.
106. DUN & BRADSTREET Enter the Dun and Br0adstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or by visiting Dun and Bradstreet on the internet at www.dnb.com.
107. SIC CODE Enter the primary Standard Industrial Classification Code number for primary business activity. Report only the first four digits.
108. COUNTY Enter the county in which the business site is located.
109. BUSINESS OPERATOR NAME Enter the name of the business operator.
110. BUSINESS OPERATOR PHONE Enter business operator's phone number including any extension, if different from the business phone.
111. OWNER NAME Enter name of the business owner, if different from the business operator.
112. OWNER PHONE Enter the business owner's phone number if different from the business phone, area code first, and any extension.
113. OWNER MAILING ADDRESS Enter the owner's mailing address if different from the business site address.
114. OWNER CITY Enter the name of the city for the owner's mailing address.
115. OWNER STATE Enter the 2 character state abbreviation for the owner's mailing address.
116. OWNER ZIP CODE Enter the zip code for the owner's address. The extra 4 digits in the zip code may also be added.
117. ENVIRONMENTAL CONTACT NAME Enter the name of the person, if different from the Business Owner or Operator, who receives all environmental correspondence and will respond to enforcement activity.
118. CONTACT PHONE Enter the phone number at which the environmental contact can be contacted including any extension.
119. CONTACT MAILING ADDRESS Enter the mailing address where all environmental contact correspondence should be sent.
120. CITY Enter the name of the city for the environmental contact's mailing address.
121. STATE Enter the 2 character state abbreviation for the environmental contact's mailing address.
122. ZIP CODE Enter the zip code for the environmental contact's mailing address. The extra 4 digit s in the zip code may also be added.
123. PRIMARY EMERGENCY CONTACT NAME Enter the name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124. TITLE Enter the title of the primary emergency contact.
125. BUSINESS PHONE Enter the business number for the primary emergency contact, area code first, and any extensions.
126. 24-HOUR PHONE Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
127. PAGER NUMBER Enter the pager number for the primary emergency contact, if available.
128. SECONDARY EMERGENCY CONTACT NAME Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129. TITLE Enter the title of the secondary emergency contact.
130. BUSINESS PHONE Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
131. 24-HOUR PHONE Enter a 24-hour phone number for the secondary emergency contact. The 24 hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
132. PAGER NUMBER Enter the pager number for the secondary emergency contact, if available.
133a. UNINCORPORATED AREA Check "Yes" if your facility is located in an unincorporated area of the County (ex. East LA, Marina Del Rey etc.).
133b. E-MAIL ADRESS Enter the e-mail address of the corresponding primary or secondary emergency contact if an e-mail address exists.
133c. LOCALLY COLLECTED INFORMATION Enter your business's tax identification number or social security number. The TIN number may be obtained from the Internal Revenue Service (IRS). Also, include the business owner's/president's name, position in the business, date of birth and driver's license number with the State issued in abbreviation.
133d. Number of Employees for facility: For Retail and service type businesses; the number of employees is determined by the actual number of employees directly related to the hazardous waste generating activity (s). For manufacturing type businesses; the total number of employees in the business shall be used for determining the hazardous waste licensing fee.
133e. Businesses will be identified by the following twelve codes: 01)-Corporation, 02)-Individual Owner, 03)-Partnership, 04)-Local Government Agency, 05)-County Government Agency, 06)-State Government Agency, 07)-Federal Government Agency, 08)-LA County Fire Department Facilities, 09)-Unknown Classification (Other), 10)-City Fire Facilities, 11)-LA County Sheriff Facilities, 12)-Other Police Facilities.
133f. MAILING/BILLING ADDRESS Enter the address that all correspondence and bills should be sent.
133g. MAILING/BILLING CITY Enter the city for the mailing/billing address.
133h. MAILING/BILLING STATE Enter the 2 character state abbreviation for the mailing/billing address.
133i. MAILING/BILLING ZIP CODE Enter the zip code for the mailing/billing address. The extra 4 digits in the zip code may also be added.
134. DATE Enter the date that the document was signed. (YYYYMMDD, ex. 1999/07/01)
135. NAME OF DOCUMENT PREPARER Enter the full name of the person who prepared the inventory submittal information.
136. NAME OF SIGNER Enter the full printed name of the person signing the page.
SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies the signer is familiar with the information submitted, and based on the signer's inquiry of those individuals responsible for obtaining the information, it is the signer's belief that the information is true, accurate and complete.
137. TITLE OF SIGNER Enter the title of the person signing the page.

UNIFIED PROGRAM (UP) FORM

BUSINESS OWNER/OPERATOR IDENTIFICATION (LACoCUPA Form 2730)

☐ NEW BUSINESS ☐ OUT OF BUSINESS ☒ REVISE/UPDATE (EFFECTIVE: 1/1/2010)

I. IDENTIFICATION

FACILITY ID# FA0019878 [1]	BEGINNING DATE [100] 1/1/2010	ENDING DATE [101] 12/31/2010	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) [3] Coca-Cola Bottling Company of Southern California		BUSINESS PHONE [102] (310) 965-2653	
BUSINESS SITE ADDRESS [103] 19875 South Pacific Gateway Drive			
CITY Torrance [104]	C	ZIP CODE 90502 [105]	
DUN & BRADSTREET 802706986 [106]		SIC CODE (4 digit #) 5149 [107]	
COUNTY LOS ANGELES [108]		UNINCORPORATED ☐ Yes ☒ No [133a.]	
BUSINESS OPERATOR NAME [109] Coca-Cola Bottling Company of Southern California		BUSINESS OPERATOR PHONE [110] (310) 965-2653	

II. BUSINESS OWNER

OWNER NAME [111] BCI Coca-Cola Bottling Company of Los Angeles		OWNER PHONE [112] (310) 965-2653	
OWNER MAILING ADDRESS [113] 19875 South Pacific Gateway Drive			
CITY Torrance [114]	STATE CA [115]	ZIP CODE 90502 [116]	

III. ENVIRONMENTAL CONTACT

CONTACT NAME [117] William Choat		CONTACT PHONE [118] (310) 965-2653	
CONTACT MAILING ADDRESS [119] 19875 South Pacific Gateway Drive			
CITY Torrance [120]	STATE CA [121]	ZIP CODE 90502 [122]	

IV. EMERGENCY CONTACTS

PRIMARY		SECONDARY	
NAME Katie Giesler	[123]	NAME William Choat	[128]
TITLE Branch Manager	[124]	TITLE Warehouse Manager	[129]
BUSINESS PHONE (310) 965-2700	[125]	BUSINESS PHONE (310) 965-2605	[130]
24-HOUR PHONE (310) 896-6111	[126]	24-HOUR PHONE (310) 896-6641	[131]
PAGER # NA	[127]	PAGER # NA	[132]
E-MAIL ADDRESS (if any) kgiesler@cokecce.com	[133b]	E-MAIL ADDRESS (if any) wchoat@cokecce.com	[133b]

V. ADDITIONAL LOCALLY COLLECTED INFORMATION

[133]

FEDERAL TAX IDENTIFICATION NUMBER 13-3346695	[133c]	NO. OF EMPLOYEES 250	[133d]
NAME, POSITION, AND DATE OF BIRTH KATIE GIESLER, BRANCH MANAGER, 12-31-79		BUSINESS CODE 01	[133e]
DRIVER'S LICENSE NUMBER AND STATE D4031672 CALIFORNIA			

MAILING/ BILLING INFORMATION

ADDRESS [133f]	CITY [133g]	STATE [133h]	ZIP CODE [133i]
19875 South Pacific Gateway Drive	Torrance	CA	90502

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE Katie Giesler	DATE [134] 3-2-10	NAME OF DOCUMENT PREPARER [135] Becky Gerard, ARCADIS
NAME OF SIGNER (print) [136] Katie Giesler	TITLE OF SIGNER [137] Branch Manager	

OFFICIAL USE ONLY	UP Form	HW	HM	ARP	APST	UST	TP	CUPA	PA

INSPECTOR	DISTRICT	DATE OF INSP.	DIVISION	BATTALION	STATION

UNIFIED PROGRAM (UP) FORM

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

(one page per material per building or area)

☐ ADD ☐ DELETE ☒ REVISE REPORTING YEAR 2010 200 Page 3 of 6

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
Coca-Cola Bottling Company of Southern California

CHEMICAL LOCATION 201
Fleet Building - Inside bulk chemical storage building.

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 1 9 8 7 8

MAP# (optional) 203: 2

GRID# (optional) 204: H5

II. CHEMICAL INFORMATION

CHEMICAL NAME 205: Mixture

TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME 207: Motor Oil (Exxon XD-3 15W-40)

EHS* ☐ Yes ☒ No 208 RS* ☐ Yes ☒ No 246a

CAS# 209: Mixture

*If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210: CL

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☒ b. MIXTURE ☐ c. WASTE 211

RADIOACTIVE ☐ Yes ☒ No 212

CURIES 213: N/A

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☒ b. LIQUID ☐ c. GAS 214

LARGEST CONTAINER 215: 300

FED HAZARD CATEGORIES (Check all that apply) 216: ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
150	300	N/A	N/A

UNITS* (Check one item only) 221: ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS
* If EHS, amount must be in pounds.

DAYS ON SITE: 222: 365

STORAGE CONTAINER 223:
☒ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER

STORAGE PRESSURE 224: ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE 225: ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
95-100 226	Base lubricating oil 227	☐ Yes ☒ No 228	☐ Yes ☒ No	Mixture 229
<2.5 230	Zinc Dithiophosphate 231	☐ Yes ☒ No 232	☐ Yes ☒ No	68649-42-3 233
234	235	☐ Yes ☐ No 236	☐ Yes ☐ No	237
238	239	☐ Yes ☐ No 240	☐ Yes ☐ No	241
242	243	☐ Yes ☐ No 244	☐ Yes ☐ No	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246
Stored in double-walled steel tank inside building. Report prepared 2/26/2010.

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY

DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

UNIFIED PROGRAM (UP) FORM

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

(one page per material per building or area)

☐ ADD ☒ DELETE ☐ REVISE REPORTING YEAR 2010 200 | Page 4 of 6

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
Coca-Cola Bottling Company of Southern California

CHEMICAL LOCATION 201
Fleet Building - Inside bulk chemical storage building.

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) 202 ☐ YES ☒ NO

FACILITY ID # F A 0 0 1 9 8 7 8 1

MAP# (optional) 203: 2

GRID# (optional) 204: H5

II. CHEMICAL INFORMATION

CHEMICAL NAME 205: Mixture

TRADE SECRET 206 ☐ Yes ☒ No
If Subject to EPCRA, refer to instructions

COMMON NAME 207: Chevron Universal Gear Lubricant SAE 80W-90

EHS* 208 ☐ Yes ☒ No

RS* 246a ☐ Yes ☒ No

CAS# 209: Mixture

*If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210: CL

HAZARDOUS MATERIAL TYPE (Check one item only) 211 ☐ a. PURE ☒ b. MIXTURE ☐ c. WASTE

RADIOACTIVE 212 ☐ Yes ☒ No

CURIES 213: N/A

PHYSICAL STATE (Check one item only) 214 ☐ a. SOLID ☒ b. LIQUID ☐ c. GAS

LARGEST CONTAINER 215: 120

FED HAZARD CATEGORIES (Check all that apply) 216 ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
60	120	N/A	N/A

UNITS* (Check one item only) 221 ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS
* If EHS, amount must be in pounds.

DAYS ON SITE: 222: 365

STORAGE CONTAINER 223
☒ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER

STORAGE PRESSURE 224 ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE 225 ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
80 - 95 226	Highly refined mineral oil (C15 – C50) 227	☐ Yes ☒ No 228	☐ Yes ☒ No	Mixture 229
5 - 20 230	Additives 231	☐ Yes ☒ No 232	☐ Yes ☒ No	Mixture 233
234	235	☐ Yes ☐ No 236	☐ Yes ☐ No	237
238	239	☐ Yes ☐ No 240	☐ Yes ☐ No	241
242	243	☐ Yes ☐ No 244	☐ Yes ☐ No	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246
Stored in double-walled tank inside building.

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY DATE RECEIVED REVIEWED BY

DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

UNIFIED PROGRAM (UP) FORM

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

(one page per material per building or area)

☐ADD ☒DELETE ☐REVISE REPORTING YEAR 2010 200 Page 5 of 6

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
Coca-Cola Bottling Company of Southern California

CHEMICAL LOCATION 201
Fleet Building - Inside bulk chemical storage building

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 1 9 8 7 8 1

MAP# (optional) 203: 2

GRID# (optional) 204: H6

II. CHEMICAL INFORMATION

CHEMICAL NAME 205: Transmission Fluid

TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME 207: Chevron-Dextron III/Mercon

EHS* ☐ Yes ☒ No 208 RS* ☐Yes ☒No 246a

CAS# 209: Mixture

*If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210: CL

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☒b. MIXTURE ☐ c. WASTE 211

RADIOACTIVE ☐Yes ☒No 212

CURIES 213: N/A

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☒b. LIQUID ☐ c. GAS 214

LARGEST CONTAINER 215: 120

FED HAZARD CATEGORIES (Check all that apply) 216: ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
60	120	0	N/A

UNITS* (Check one item only) 221: ☒a. GALLONS ☐b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS
* If EHS, amount must be in pounds.

DAYS ON SITE: 222: 365

STORAGE CONTAINER 223:
☒ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER

STORAGE PRESSURE 224: ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE 225: ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
80-100 226	Distillates, hydrotreated heavy paraffinic 227	☐Yes ☒No 228	☐Yes ☒No	64742-54-7 229
230	231	☐Yes ☐No 232	☐Yes ☐No	233
234	235	☐Yes ☐No 236	☐Yes ☐No	237
238	239	☐Yes ☐No 240	☐Yes ☐No	241
242	243	☐Yes ☐No 244	☐Yes ☐No	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246
Stored in steel double-walled tank.

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY

DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

UNIFIED PROGRAM (UP) FORM

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

(one page per material per building or area)

☐ ADD ☐ DELETE ☒ REVISE REPORTING YEAR 2010 200 Page 6 of 6

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
Coca-Cola Bottling Company of Southern California

CHEMICAL LOCATION 201
Warehouse

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 1 9 8 7 8

MAP# (optional) 203: 3

GRID# (optional) 204: E3

II. CHEMICAL INFORMATION

CHEMICAL NAME 205: Lead/Acid Battery Electrolyte Solution

TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME 207: Lead/Acid Battery Electrolyte Solution

EHS* ☒ Yes ☐ No 208

RS* ☐ Yes ☒ No 246a

CAS# 209: Mixture

*If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210: WRI, COR

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☒ b. MIXTURE ☐ c. WASTE 211

RADIOACTIVE ☐ Yes ☒ No 212

CURIES 213: NA

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☒ b. LIQUID ☐ c. GAS 214

LARGEST CONTAINER 215: 684.35

FED HAZARD CATEGORIES (Check all that apply) 216: ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
20,577	20,577	0	NA

UNITS* (Check one item only) 221: ☐ a. GALLONS ☐ b. CUBIC FEET ☒ c. POUNDS ☐ d. TONS
* If EHS, amount must be in pounds.

DAYS ON SITE: 222: 365

STORAGE CONTAINER 223:
☐ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☒ r. OTHER (Battery Casing)

STORAGE PRESSURE 224: ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE 225: ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
20-44 226	Sulfuric Acid 227	☒ Yes ☐ No 228	☐ Yes ☒ No	7664-93-9 229
43-70 230	Lead 231	☐ Yes ☒ No 232	☐ Yes ☒ No	7439-92-1 233
0-4 234	Antimony 235	☐ Yes ☒ No 236	☐ Yes ☒ No	7440-36-0 237
5-10 238	Polypropylene 239	☐ Yes ☒ No 240	☐ Yes ☒ No	9003-07-2 241
<0.01 242	Arsenic 243	☐ Yes ☒ No 244	☐ Yes ☒ No	7440-38-2 245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246
For battery-powered equipment. See attached Battery Inventory/Sulfuric Acid Calculation spreadsheet. Reported as electrolyte solution in pounds. Report prepared 2/26/10.

If EPCRA, Please Sign Here Katie Giesler 3/2/10
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY

DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

BATTERY INVENTORY - SULFURIC ACID CALCULATION
Coca-Cola Bottling Company of California –Torrance, CA
Inventory Date: 2/26/2010

Battery Type (Manufacturer/Model #)	Equipment	Quantity	Battery Specifications						Batter Acid Calculations			
			Electrolyte (gallons/battery)	Electrolyte Solution Density (lbs/gallon)	Electrolyte Solution (lbs/battery)	Sulfuric Acid (gallons/battery)	Sulfuric Acid Density (lbs/gallon)	Sulfuric Acid (lbs/battery)	Total Sulfuric Acid (gallons)	Total Sulfuric Acid (lbs)	Total Electrolyte Solution (gallons)	Total Electrolyte Solution (lbs)
DEKA/12-D85-7	Walk-behind Pallet Jacks	30	9.2	10.7434	99.16	2.5	15.31	38.3	75	1,148	277	2,975
DEKA/6-D75-11	Walker-behind Pallet Jacks	3	7.7	10.7434	82.72	2.1	15.31	32.2	6	96	23	248
DEKA/18-D125-17	Rider Scrubber	3	45.2	10.7434	485.60	12.2	15.31	186.8	37	560	136	1,457
DEKA/12-D85-13	Rider Pallet Jack	15	16.9	10.7434	181.56	4.6	15.31	70.4	69	1,056	254	2,723
DEKA/18-D85-29	Fork Lifts	19	63.7	10.7434	**684.35**	17.2	15.31	263.3	327	5,003	1,210	13,003
List Others Below:												
Interstate 12V	Vehicle Replacement Batteries	16	1.0	—	10.7	0.35	—	3.8	5.6	61	16	171.2
Interstate 6V	Vehicle Replacement Batteries	2	1.0	—	10.7	0.35	—	3.8	0.7	8	2	21.4
					TOTALs				514	7,865	1,899	**20,577**

Notes:
1. Battery specificaitons provided by manufacturer
2. Multiply volume of sulfuric acid by 15.3
3. Multiply volume of electrolyte solution by 10.7434
4. **Bold** - indicates quantity reported in HMDBP.

MATERIAL SAFETY DATA SHEET
LEAD ACID BATTERY WET, FILLED WITH ACID
(US, CN, EU Version for International Trade)

SECTION 1: PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME: **Lead Acid Battery Wet, Filled With Acid**
OTHER PRODUCT NAMES: Electric Storage Battery, SLI or Industrial Battery, UN2794

MANUFACTURER: East Penn Manufacturing Company, Inc.
DIVISION: Deka Road
ADDRESS: Lyon Station, PA 19536 USA

EMERGENCY TELEPHONE NUMBERS:
US: CHEMTREC 1-800-424-9300
CN: CHEMTREC 1-800-424-9300
Outside US: +1-202-483-7616

NON-EMERGENCY HEALTH/SAFETY INFORMATION: +1-610-682-6361

CHEMICAL FAMILY: This product is a wet lead acid storage battery. May also include gel/absorbed electrolye type lead acid battery types.

PRODUCT USE: Industrial/Commercial electrical storage batteries.

This product is considered a Hazardous Substance, Preparation or Article that is regulated under US-OSHA; CAN-WHMIS; IOSH; ISO; UK-CHIP; or EU Directives (67/548/EEC-Dangerous Substance Labeling, 98/24/EC-Chemical Agents at Work, 99/45/EC-Preparation Labeling, 2001/58/EC-MSDS Content, and 1907/2006/EC-REACH), and an MSDS/SDS is required for this product considering that when used as recommended or intended, or under ordinary conditions, it may present a health and safety exposure or other hazard.

Additional Information
This product may not be compatible with all environments, such as those containing liquid solvents or extreme temperature or pressure. Please request information if considering use under extreme conditions or use beyond current product labeling.

SECTION 2: HAZARDS IDENTIFICATION

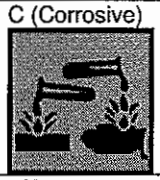
GHS Classification:

Health	Environmental	Physical
Acute Toxicity – Not listed (NL) Eye Corrosion – Corrosive* Skin Corrosion – Corrosive* Skin Sensitization – NL Mutagenicity/Carcinogenicity – NL Reproductive/Developmental – NL Target Organ Toxicity (Repeated) – NL	Aquatic Toxicity – NL	NFPA – Flammable gas, hydrogen (during charging) CN - NL EU - NL

*as sulfuric acid

GHS Label: Lead Acid Battery, Wet

Symbols: C (Corrosive)



Hazard Statements	Precautionary Statements
Contact with internal components may cause irritation of severe burns. Irritating to eyes, respiratory system, and skin.	Keep out of reach of children. Keep containers tightly closed. Avoid heat, sparks, and open flame while charging batteries. Avoid contact with internal acid.

EMERGENCY OVERVIEW: May form explosive air/gas mixture during charging. Contact with internal components may cause irritation or severe burns. Irritating to eyes, respiratory system, and skin.

Prolonged inhalation or ingestion may result in serious damage to health. Pregnant women exposed to internal components may experience reproductive/developmental effects.

POTENTIAL HEALTH EFFECTS:

EYES: Direct contact of internal electrolyte liquid with eyes may cause severe burns or blindness.

SKIN: Direct contact of internal electrolyte liquid with the skin may cause skin irritation or damaging burns.

INGESTION: Swallowing this product may cause severe burns to the esophagus and digestive tract and harmful or fatal lead poisoning. Lead ingestion may cause nausea, vomiting, weight loss, abdominal spasms, fatigue, and pain in the arms, legs and joints.

INHALATION: Respiratory tract irritation and possible long term effects.

ACUTE HEALTH HAZARDS:

Repeated or prolonged contact may cause mild skin irritation.

CHRONIC HEALTH HAZARDS:

Lead poisoning if persons are exposed to internal components of the batteries. Lead absorption may cause nausea, vomiting, weight loss, abdominal spasms, fatigue, pain in the arms, legs and joints. Other effects may include central nervous system damage, kidney dysfunction, and potential reproductive effects. Chronic inhalation of sulfuric acid mist may increase the risk of lung cancer.

MEDICAL CONDITIONS GENERALLY AGGRAVATED BY EXPOSURE:

Respiratory and skin diseases may predispose one to acute and chronic effects of sulfuric acid and/or lead. Children and pregnant women must be protected from lead exposure. Persons with kidney disease may be at increased risk of kidney failure.

Additional Information

No health effects are expected related to normal use of this product as sold.

SECTION 3: COMPOSITION/INFORMATION ON INGREDIENTS

INGREDIENTS (Chemical/Common Names):	CAS No.:	% by Wt:	EC No.:
Lead, inorganic	7439-92-1	43-70 (average: 65)	231-100-4
Sulfuric acid	7664-93-9	20-44 (average: 25)	231-639-5
Antimony	7440-36-0	0-4 (average: 1)	231-146-5
Arsenic	7440-38-2	<0.01	231-148-6
Polypropylene	9003-07-0	5-10 (average: 8)	NA

NA – Not applicable/ND – Not determined

Additional Information

These ingredients reflect components of the finished product related to performance of the product as distributed into commerce.

SECTION 4: FIRST AID MEASURES

EYE CONTACT: Flush eyes with large amounts of water for at least 15 minutes. Seek immediate medical attention if eyes have been exposed directly to acid.

SKIN CONTACT: Flush affected area(s) with large amounts of water using deluge emergency shower, if available, shower for at least 15 minutes. Remove contaminated clothing. If symptoms persist, seek medical attention.

INGESTION: If swallowed, give large amounts of water. Do NOT induce vomiting or aspiration into the lungs may occur and can cause permanent injury or death.

INHALATION: If breathing difficulties develop, remove person to fresh air. If symptoms persist, seek medical attention.

SECTION 5: FIRE-FIGHTING MEASURES

SUITABLE/UNSUITABLE EXTINGUISHING MEDIA:

Dry chemical, carbon dioxide, water, foam. Do not use water on live electrical circuits.

SPECIAL FIRE FIGHTING PROCEDURES & PROTECTIVE EQUIPMENT:
Use appropriate media for surrounding fire. Do not use carbon dioxide directly on cells. Avoid breathing vapors. Use full protective equipment (bunker gear) and self-contained breathing apparatus.
UNUSUAL FIRE AND EXPLOSION HAZARDS:
Batteries evolve flammable hydrogen gas during charging and may increase fire risk in poorly ventilated areas near sparks, excessive heat or open flames.
SPECIFIC HAZARDS IN CASE OF FIRE:
Thermal shock may cause battery case to crack open. Containers may explode when heated.

Additional Information
Firefighting water runoff and dilution water may be toxic and corrosive and may cause adverse environmental impacts.

SECTION 6: ACCIDENTAL RELEASE MEASURES

PERSONAL PRECAUTIONS:
Avoid Contact with Skin. Neutralize any spilled electrolyte with neutralizing agents, such as soda ash, sodium bicarbonate, or very dilute sodium hydroxide solutions.
ENVIRONMENTAL PRECATIONS:
Prevent spilled material from entering sewers and waterways.
SPILL CONTAINMENT & CLEANUP METHODS/MATERIALS:
Add neutralizer/absorbent to spill area. Sweep or shovel spilled material and absorbent and place in approved container. Dispose of any non-recyclable materials in accordance with local, state, provincial or federal regulations.

Additional Information
Lead acid batteries and their plastic cases are recyclable. Contact your East Penn representative for recycling information.

SECTION 7: HANDLING AND STORAGE

PRECAUTIONS FOR SAFE HANDLING AND STORAGE:
- Keep containers tightly closed when not in use.
- If battery case is broken, avoid contact with internal components.
- Do not handle near heat, sparks, or open flames.
- Protect containers from physical damage to avoid leaks and spills.
- Place cardboard between layers of stacked batteries to avoid damage and short circuits.
- Do not allow conductive material to touch the battery terminals. A dangerous short-circuit may occur and cause battery failure and fire.

OTHER PRECAUTIONS (e.g.; Incompatibilities):
Keep away from combustible materials, organic chemicals, reducing substances, metals, strong oxidizers and water.

SECTION 8: EXPOSURE CONTROLS/PERSONAL PROTECTION

ENGINEERING CONTROLS/SYSTEM DESIGN INFORMATION:
Charge in areas with adequate ventilation.
VENTILATION:
General dilution ventilation is acceptable.
RESPIRATORY PROTECTION:
Not required for normal conditions of use. See also special firefighting procedures (Section 5).
EYE PROTECTION:
Wear protective glasses with side shields or goggles.
SKIN PROTECTION:
Wear chemical resistant gloves as a standard procedure to prevent skin contact.
OTHER PROTECTIVE CLOTHING OR EQUIPMENT: Chemically-impervious apron and face shield recommended when adding water or electrolyte to batteries.
Wash Hands after handling.

EXPOSURE GUIDELINES & LIMITS:

OSHA	Permissible Exposure Limit (PEL/TWA)	Lead, inorganic (as Pb)	0.05 mg/m^3
		Sulfuric acid	1 mg/m^3
		Antimony	0.5 mg/m^3
		Arsenic	0.01 mg/m^3
ACGIH	2007 Threshold Limit Value (TLV)	Lead, inorganic (as Pb)	0.05 mg/m^3
		Sulfuric acid	0.2 mg/m^3
		Antimony	0.5 mg/m^3
		Arsenic	0.01 mg/m^3
Quebec	Permissible Exposure Value (PEV)	Lead, inorganic (as Pb)	0.15 mg/m^3
		Sulfuric acid	1 mg/m^3 TWA 3 mg/m^3 STEV
		Antimony	0.5 mg/m^3
		Arsenic	0.1 mg/m^3
Ontario	Occupational Exposure Level (OEL)	Lead (designated substance)	0.10 mg/m^3
		Sulfuric acid	1 mg/m^3 TWAEV 3 mg/m^3 STEV
		Antimony	0.5 mg/m^3
		Arsenic (designated substance)	0.01 mg/m^3
Netherlands	Maximaal Aanvaarde Concentratie (MAC)	Lead, inorganic (as Pb)	0.15 mg/m^3
		Sulfuric acid	1 mg/m^3
Germany	Maximale Arbeitsplatzkonzentrationen (MAK)	Lead, inorganic (as Pb)	0.1 mg/m^3
		Sulfuric acid	1 mg/m^3 TWA 2 mg/m^3 STEL
		Antimony	0.5 mg/m^3
United Kingdom	Occupational Exposure Standard (OES)	Lead	0.15 mg/m^3
		Antimony	0.5 mg/m^3
		Arsenic	0.1 mg/m^3

TWA – 8-Hour Time Weighted Average/ STE – Short Term Exposure / mg/m^3 – milligrams per cubic meter of air/ NE – Not Established

Additional Information

- Batteries are housed in polypropylene cases which are regulated as total dust or respirable dust only when they are ground up during recycling. The OSHA PEL for dust is 15 mg/m^3 as total dust or 5 mg/m^3 as respirable dust.
- May be required to meet Domestic Requirements for a Specific Destination(s).

SECTION 9: PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE:	Industrial/commercial lead acid battery
ODOR:	Odorless
ODOR THRESHOLD:	NA
PHYSICAL STATE:	Sulfuric Acid: Liquid; Lead: solid
pH:	<1
BOILING POINT:	235-240° F (as sulfuric acid)
MELTING POINT:	NA
FREEZING POINT:	NA
VAPOR PRESSURE:	10 mmHg
VAPOR DENSITY (AIR = 1):	> 1
SPECIFIC GRAVITY (H2O = 1):	1.27–1.33
EVAPORATION RATE (n-BuAc=1):	< 1
SOLUBILITY IN WATER:	100% (as sulfuric acid)
FLASH POINT:	Below room temperature (as hydrogen gas)
AUTO-IGNITION TEMPERATURE:	NA
LOWER EXPLOSIVE LIMIT (LEL):	4% (as hydrogen gas)
UPPER EXPLOSIVE LIMIT (UEL):	74% (as hydrogen gas)
PARTITION COEFFICIENT:	NA
VISCOSITY (poise @ 25° C):	Not Available

DECOMPOSITION TEMPERATURE: Not Available

FLAMMABILITY/HMIS HAZARD CLASSIFICATIONS (US/CN/EU): As sulfuric acid
HEALTH: 3 FLAMMABILITY: 0 REACTIVITY: 2

SECTION 10: STABILITY AND REACTIVITY

STABILITY:	This product is stable under normal conditions at ambient temperature.
INCOMPATIBILITY (MATERIAL TO AVOID):	Strong bases, combustible organic materials, reducing agents, finely divided metals, strong oxidizers, and water.
HAZARDOUS DECOMPOSITION BY-PRODUCTS:	Thermal decomposition will produce sulfur dioxide, sulfur trioxide, carbon monoxide, sulfuric acid mist, and hydrogen.
HAZARDOUS POLYMERIZATION:	Will not occur
CONDITIONS TO AVOID:	Overcharging, sources of ignition

SECTION 11: TOXICOLOGICAL INFORMATION

ACUTE TOXICITY (Test Results Basis and Comments):
Sulfuric acid: LD_{50}, Rat: 21409 mg/kg
LC_{50}, Guinea pig: 510 mg/m^3
Lead: No data available for elemental lead

SUBCHRONIC/CHRONIC TOXICITY (Test Results and Comments):
Repeated exposure to lead and lead compounds in the workplace may result in nervous system toxicity. Some toxicologists report that abnormal conduction velocities in person with blood lead levels of 50 µg/100 ml or higher. Heavy lead exposure may result in central nervous system damage, encephalopathy and damage to the blood-forming (hematopoietic) tissues.

Additional Information
- Very little chronic toxicity data available for elemental lead.
- Lead is listed by IARC as a 2B carcinogen: possible carcinogen in humans. Arsenic is listed by IARC, ACGIH, and NTP as a carcinogen, based on studies with high doses overlong periods of time. The other ingredients in this product, present at equal to or greater than 0.1% of the product, are not listed by OSHA, NTP, or IARC as suspect carcinogens.
- The 19th Amendment to EC Directive 67/548/EEC classified lead compounds, but not lead in metal form, as possibly toxic to reproduction. Risk phrase 61: May cause harm to the unborn child, applies to lead compounds, especially soluble forms.

SECTION 12: ECOLOGICAL INFORMATION

PERSISTENCE & DEGRADABILITY:
Lead is very persistent in soils and sediments. No data available on biodegradation.

BIO-ACCUMULATIVE POTENTIAL (Including Mobility):
Mobility of metallic lead between ecological compartments is low. Bioaccumulation of lead occurs in aquatic and terrestrial animals and plants, but very little bioaccumulation occurs through the food chain. Most studies have included lead compounds, not solid inorganic lead.

AQUATIC TOXICITY (Test Results & Comments):
Sulfuric acid: 24-hour LC_{50}, fresh water fish (*Brachydanio rerio*): 82 mg/l
96-hour LOEC, fresh water fish (*Cyprinus carpio*): 22 mg/l (lowest observable effect concentration)
Lead (metal): No data available

Additional Information
- No known effects on stratospheric ozone depletion.
- Volatile organic compounds: 0% (by Volume)
- Water Endangering Class (WGK): NA

SECTION 13: DISPOSAL CONSIDERATIONS

WASTE DISPOSAL METHOD:	Follow local, State/Provincial, and Federal/National regulations applicable to as-used, end-of-life characteristics to be determined by end-user.

MATERIAL SAFETY DATA SHEET
LEAD ACID BATTERY WET, FILLED WITH ACID
(US, CN, EU Version for International Trade)

HAZARDOUS WASTE CLASS/CODE:

US - Not applicable to finished product as manufactured for distribution into commerce.
CN – Not applicable to finished product as manufactured for distribution into commerce.
EWC – Not applicable to finished product as manufactured for distribution into commerce.

Additional Information
Not Included – **Recycle** or dispose as allowed by local jurisdiction for the end-of-life characteristics as-disposed.

SECTION 14: TRANSPORT INFORMATION

GROUND – US-DOT/CAN-TDG/EU-ADR/APEC-ADR:

Proper Shipping Name	Batteries, Wet, Filled with Acid		
Hazard Class	8	ID Number	UN2794
Packing Group	III	Labels	Corrosive

AIRCRAFT – ICAO-IATA:

Proper Shipping Name	Batteries, Wet, Filled with Acid		
Hazard Class	8	ID Number	UN2794
Packing Group	II	Labels	Corrosive

Reference IATA packing instructions 800

VESSEL – IMO-IMDG:

Proper Shipping Name	Batteries, Wet, Filled with Acid		
Hazard Class	8	ID Number	UN2794
Packing Group	III	Labels	Corrosive

Reference IMDG packing instructions P801

Additional Information

Transport requires proper packaging and paperwork, including the Nature and Quantity of goods, per applicable origin/destination/customs points as-shipped.

SECTION 15: REGULATORY INFORMATION

INVENTORY STATUS:

All components are listed on the TSCA; EINECS/ELINCS; and DSL, unless noted otherwise below.

U.S. FEDERAL REGULATIONS:

TSCA Section 8b – Inventory Status: All chemicals comprising this product are either exempt or listed on the TSCA Inventory.

TSCA Section 12b – Export Notification: If the finished product contains chemicals subject to TSCA Section 12b export notification, they are listed below:

Chemical	CAS #
None	NA

CERCLA (COMPREHENSIVE RESPONSE COMPENSATION, AND LIABILITY ACT)

Chemicals present in the product which could require reporting under the statute:

Chemical	CAS #
Lead	7439-92-1
Sulfuric acid	7664-93-9

SARA TITLE III (SUPERFUND AMENDMENTS AND REAUTHORIZATION ACT)

The finished product contains chemicals subject to the reporting requirements of Section 313 of SARA Title III.

Chemical	CAS #	% wt
Lead	7439-92-1	65
Sulfuric acid	7664-93-9	25

CERCLA SECTION 311/312 HAZARD CATEGORIES: Note that the finished product is exempt from these regulations, but lead and sulfuric acid above the thresholds are reportable on Tier II reports.

Fire Hazard	No
Pressure Hazard	No
Reactivity Hazard	No
Immediate Hazard	Yes (Sulfuric acid is Corrosive)

Delayed Hazard No

Note: Sulfuric acid is listed as an Extremely Hazardous Substance.

STATE REGULATIONS (US):

California Proposition 65

The following chemicals identified to exist in the finished product as distributed into commerce are known to the State of California to cause cancer, birth defects, or other reproductive harm:

Chemical	CAS #	% Wt
Arsenic (as arsenic oxides)	7440-38-2	<0.1
Strong inorganic acid mists including sulfuric acid	NA	25
Lead	7439-92-1	65

California Consumer Product Volatile Organic Compound Emissions

This Product is not regulated as a Consumer Product for purposes of CARB/OTC VOC Regulations, as-sold for the intended purpose and into the industrial/Commercial supply chain.

INTERNATIONAL REGULATIONS (Non-US):

Canadian Domestic Substance List (DSL)

All ingredients remaining in the finished product as distributed into commerce are included on the Domestic Substances List.

WHMIS Classifications

Class E: Corrosive materials present at greater than 1%

This product has been classified in accordance with the hazard criteria of the Controlled Products Regulations (CPR) and the MSDS contains all the information required by the Controlled Products Regulations.

NPRI and Ontario Regulation 127/01

This product contains the following chemicals subject to the reporting requirements of Canada NPRI +/or Ont. Reg. 127/01:

Chemical	CAS #	% Wt
Lead	7439-92-1	65
Sulfuric acid	7664-93-9	25

European Inventory of Existing Commercial Chemical Substances (EINECS)

All ingredients remaining in the finished product as distributed into commerce are exempt from, or included on, the European Inventory of Existing Commercial Chemical Substances.

European Communities (EC) Hazard Classification according to directives 67/548/EEC and 1999/45/EC.

R-Phrases	S-Phrases
35, 36, 38	1/2, 26, 30, 45

Additional Information

This product may be subject to Restriction of Hazardous Substances (RoHS) regulations in Europe and China, or may be regulated under additional regulations and laws not identified above, such as for uses other than described or as-designed/as-intended by the manufacturer, or for distribution into specific domestic destinations.

SECTION 16: OTHER INFORMATION

OTHER INFORMATION:

Distribution into Quebec to follow Canadian Controlled Product Regulations (CPR) 24(1) and 24(2).

Distribution into the EU to follow applicable Directives to the Use, Import/Export of the product as-sold.

SOURCES OF INFORMATION:

International Agency for Research on Cancer (1987), *IARC Monographs on the Evaluation of Carcinogenic Risks to Humans: Overall Evaluations of Carcinogenicity: An updating of IARC Monographs Volumes 1-42, Supplement 7, Lyon,* France.

Ontario Ministry of Labour Regulation 654/86. Regulations Respecting Exposure to Chemical or Biological Agents.

RTECS – Registry of Toxic Effects of Chemical Substances, National institute for Occupational Safety and Health.

MSDS/SDS PREPARATION INFORMATION:

DATE OF ISSUE: ***6 August 2007*** SUPERCEDES: ***29 January 2007***

DISCLAIMER:

This Material Safety Data Sheet is based upon information and sources available at the time of preparation or revision date. Information in the MSDS was obtained from sources which we believe are reliable, but are beyond our direct supervision or

control. We make no Warranty of Merchantability, Fitness for any particular purpose or any other Warranty, Expressed or Implied, with respect to such information and we assume no liability resulting from its use. For this and other reasons, we do not assume responsibility and expressly disclaim liability for loss, damage or expense arising out of or in any way connected with the handling, storage, use or disposal of the product. It is the obligation of each user of this product to determine the suitability of this product and comply with the requirements of all applicable laws regarding use and disposal of this product. For additional information concerning East Penn Manufacturing Co., Inc. products or questions concerning the content of this MSDS please contact your East Penn representative.

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Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

COVER PAGE

FACILITY IDENTIFICATION					
BUSINESS NAME Coca-Cola Bottling Company of Southern California				3	FACILITY ID # 1 FA0019878
SITE ADDRESS 19875 South Pacific Gateway Drive	103	CITY CA	104		ZIP CODE 105 90502

The Consolidated Contingency Plan provides businesses a format to comply with the emergency planning requirements of the following three written hazardous materials emergency response plans required in California:

- Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732),
- Hazardous Waste Generator Contingency Plan (22 CCR Section 66264.52), and,
- Underground Storage Tank Emergency Response Plan and Monitoring Program (23 CCR Sections 2632 and 2641).

This format is designed to reduce duplication in the preparation and use of emergency response plans at the same facility, and to improve the coordination between facility response personnel and local, state and federal emergency responders during an emergency. Use the chart below to determine which sections of the Consolidated Contingency Plan need to be completed for your facility. If you are unsure as to which programs your facility is subject to, refer to the Business Activities Page.

PROGRAMS	SECTION(S) TO BE COMPLETED
Hazardous Materials Business Plan (HMBP)	Cover Page, Section I, and Site Map(s)
Hazardous Waste Generator (HWG)	Cover Page, Section I, and Site Map(s)
Underground Storage Tank (UST)	Cover Page, Sections I and II, and Site Map(s)
HMBP, HWG, UST	Cover Page, Sections I and II, and Site Map(s)

A copy of the plan shall be submitted to your local CUPA and at least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency. Describe below where a copy of your Contingency Plan, including the hazardous material inventories and Site Map(s), is located at your business:

A copy of this plan will be included in the MSDS binder located in the main office and fleet building office.

PLAN CERTIFICATION

I certify under penalty of law that I have personally examined and I am familiar with the information provided by this plan and to the best of my knowledge the information is accurate, complete, and true.

Printed Name of Owner/ Operator	Title of Owner/Operator
Katie Giesler	Branch Manager
Signature of Owner/ Operator: Katie Giesler	Date: 3/2/10

We appreciate the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact your local CUPA or PA.

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ADVISORY

The site-specific Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. The contingency plan shall be reviewed, and immediately amended, if necessary, whenever:

- the plan fails in an emergency,
- the facility changes in its design, construction, operation, maintenance, or other circumstances in a way that materially increases the potential for fires, explosions, or releases of hazardous waste or hazardous waste constituents, or changes the response necessary in an emergency,
- the list of emergency coordinators changes, or
- the list of emergency equipment changes.

Submit a copy of any updates or changes to your local CUPA or PA.

UST owners/operators must notify the local UPA within 30 days for any changes to the monitoring procedures listed in the UST Emergency Response and Monitoring Plan as found Section II of the Consolidated Contingency Plan.

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CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

I. FACILITY IDENTIFICATION

BUSINESS NAME 3		FACILITY ID # 1
Coca-Cola Bottling Company of Southern California		FA0019878
SITE ADDRESS 103	CITY 104	ZIP CODE 105
19875 South Pacific Gateway Drive	Torrance	90502

II. EMERGENCY CONTACTS

PRIMARY		SECONDARY	
NAME	123	NAME	128
Katie Giesler		William Choat	
TITLE	124	TITLE	129
Branch Manager		Warehouse Manager	
BUSINESS PHONE	125	BUSINESS PHONE	130
(310) 965-2700		(310) 965-2605	
24-HOUR PHONE	126	24-HOUR PHONE	131
(310) 896-6111		(310) 896-6641	
PAGER #	127	PAGER #	132
NA		NA	

III. EMERGENCY RESPONSE PLANS AND PROCEDURES

A. Notifications

Your business is required by State Law to provide an immediate verbal report of any release or threatened release of a hazardous material to local fire emergency response personnel, this Unified Program Agency (CUPA or PA), and the Office of Emergency Services. If you have a release or threatened release of hazardous materials, immediately call:

FIRE/PARAMEDICS/POLICE/SHERIFF
PHONE: 911

AFTER the local emergency response personnel are notified, you shall then notify this Unified Program Agency and the Office of Emergency Services.

Local Unified Program Agency: (323) 890-4317
State Office of Emergency Service: (800) 852-7550 or (916) 262-1621
National Response Center: (800) 424-8802

Information to be provided during Notification:

- Your Name and the Telephone Number from where you are calling.
- Exact address of the release or threatened release.
- Date, time, cause, and type of incident (e.g. fire, air release, spill etc.)
- Material and quantity of the release, to the extent known.
- Current condition of the facility.
- Extent of injuries, if any.
- Possible hazards to public health and/ or the environment outside of the facility.

B. Emergency Medical Facility

List the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous material

HOSPITAL/CLINIC:	PHONE NO:
Health Works Medical Group	310-324-5777
ADDRESS:	
19401 S. Vermont Avenue, Building L	
CITY:	ZIP CODE:
Torrance	90502

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CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

C. Private Emergency Response

DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM? ☐ Yes ☒ No

If yes, provide an attachment that describes what policies and procedures your business will follow to notify your on-site emergency response team in the event of a release or threatened release of hazardous materials.

CLEANUP/DISPOSAL CONTRACTOR

List the contractor that will provide cleanup services in the event of a release.

NAME OF CONTRACTOR:	PHONE NO:
Emergency Response and Training Solutions (ERTS)	800-210-6804
ADDRESS: 8401 Changrin Road, Suite 15B	
CITY: Changrin Falls, Ohio	ZIP CODE: 44023

D. Arrangements With Emergency Responders

If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements on the lines below:

Contractual arrangements have been made with ERTS.
ERTS will coordinate emergency response from a local response contractor.

E. Evacuation Plan

1. The following alarm signal(s) will be used to begin evacuation of the facility *(check all which apply)*:

☒ Verbal ☒ Telephone *(including cellular)* ☒ Alarm System ☐ Public Address System ☐ Intercom
☐ Pagers ☒ Portable Radio ☐ Other *(specify):*

2. ☒ Evacuation map is prominently displayed throughout the facility.

3. ☒ Individual(s) responsible for coordinating evacuation including spreading the alarm and confirming the business has been evacuated:
Katie Giesler, Branch Manager
William Choat, Warehouse Manager
Other staff tasked with performing role call during emergency.

F. Earthquake Vulnerability

Identify areas of the facility where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.

☒ Hazardous Waste/ Hazardous Materials Storage Areas ☐ Production Floor ☐ Process Lines
☐ Bench/ Lab ☐ Waste Treatment ☐ Other:

Identify mechanical systems where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.

☒ Utilities ☒ Sprinkler Systems ☒ Cabinets ☒ Shelves
☒ Racks ☒ Pressure Vessels ☒ Gas Cylinders ☒ Tanks
☒ Process Piping ☒ Shutoff Valves ☒ Other: battery charging stations

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SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

G. Emergency Procedures

Briefly describe your business standard operating procedures in the event of a release or threatened release of hazardous materials:

1. **PREVENTION** (prevent the hazard) - Describe the kinds of hazards associated with the hazardous materials present at your facility. What actions would your business take to prevent these hazards from occurring? You may include a discussion of safety and storage procedures.

Hazardous materials and wastes stored at the facility include: batteries, flammable liquids, and compressed gases.

All hazardous materials and wastes are stored in closed containers. Containers are compatible with the material stored.

Secondary containment is provided for liquids to ensure spills or releases are contained to the storage areas.

Personal protective equipment, spill response equipment and first aid equipment are provided in designated areas.

Material safety data sheets (MSDS) are maintained in areas where hazardous materials and wastes are stored.

Hazardous materials and wastes handling training is provided to appropriate staff.

2. **MITIGATION** (reduce the hazard) - Describe what is done to lessen the harm or the damage to person(s), property, or the environment, and prevent what has occurred from getting worse or spreading. What is your immediate response to a leak, spill, fire, explosion, or airborne release at your business?

The hazard or potential hazard will be assessed. The safety and health of employees and neighbors are first priority.

Sound the evacuation alarm if warranted and assemble at the designated area. Appropriate authorities will be notified.

Appropriate authorities (police, fire, ambulance) will be notified if outside lenders of aid are required.

Contact Coca-Cola's internal Immediate Action Team coordinator (1-888-334-2653) and ERTS (800-210-6804).

Releases will be contained as best as permissible until mitigated. Priority to storm water and process drains.

Render first aid medical assistance if needed.

3. **ABATEMENT** (remove the hazard) - Describe what you would do to stop and remove the hazard. How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your facility?

Absorbent material and personal protective equipment will be used to control spilled liquid.

Waste generated by this process will be properly collected and will be disposed of appropriately.

On-site staff will only abate incidental spills or emergencies to the extent of their training and available resources.

Outside help will be used when needed.

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SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

IV. Emergency Equipment

22 CCR, Section 66265.52(e) [as referenced by Section 66262.34(a)(3)] requires that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. Location *	4. Description**
Personal Protective, Equipment, Safety Equipment, and First Aid Equipment	☐ Cartridge Respirators		
	☐ Chemical Monitoring Equipment *(describe)*		
	☒ Chemical Protective Aprons/Coats	Office	Stored in office for use as needed
	☒ Chemical Protective Boots	Office	Stored in office for use as needed
	☒ Chemical Protective Gloves	Office	Stored in office for use as needed
	☐ Chemical Protective Suits *(describe)*		
	☒ Face Shields	Office	Stored in office for use as needed
	☒ First Aid Kits/Stations *(describe)*	W, F, O	General aid plus burn kit & infection control
	☐ Hard Hats		
	☒ Plumbed Eye Wash Stations	W, F	
	☒ Portable Eye Wash Kits *(i.e. bottle type)*	W, F	
	☐ Respirator Cartridges *(describe)*		
	☒ Safety Glasses/Splash Goggles	W, F	Standard splash goggles
	☒ Safety Showers	W, F	
	☐ Self-Contained Breathing Apparatuses (SCBA)		
	☒ Other *(describe)*	W, F, O	Ear plugs, DOT string, latex gloves
Fire Extinguishing Systems	☒ Automatic Fire Sprinkler Systems	W, F, O	
	☒ Fire Alarm Boxes/Stations	W, F, O	
	☒ Fire Extinguisher Systems *(describe)*	W, F, O	Portable and handheld
	☐ Other *(describe)*		
Spill Control Equipment and Decontamination Equipment	☒ Absorbents (describe)	Warehouse	General-purpose acid absorbent
	☒ Berms/Dikes (describe)	Warehouse	Concrete berm around battery charging area
	☒ Decontamination Equipment (describe)	Warehouse	Acid spill control kit
	☐ Emergency Tanks (describe)		
	☐ Exhaust Hoods		
	☐ Gas Cylinders Leak Repair Kits (describe)		
	☒ Neutralizers (describe)	Warehouse	Acid neutralizing for batteries
	☐ Overpack Drums		
	☒ Sumps (describe)	Fleet	Waste clarifier
	☐ Other (describe)		
Communications and Alarm Systems	☐ Chemical Alarms (describe)		
	☒ Intercoms/ PA Systems	W, F, O	Speakers mounted throughout facility
	☒ Portable Radios	W, F, O	Used by supervising staff
	☒ Telephones	W, F, O	Cell phones and portable phones throughout facility
	☐ Underground Tank Leak Detection Monitors		
	☐ Other (describe)		
Additional Equipment (Use Additional Pages if Needed.)			

* *Use the Location Codes (LC) from the Site Map(s) prepared for your Contingency Plan.*

** *Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.*

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CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

V. EMPLOYEE TRAINING

All facilities which handle hazardous materials must have a written employee training plan. A blank plan has been provided below for you to complete and submit. The items listed below are required per Health and Safety Code Section 25504 (c) and Title 19 Section 2732.

Facility personnel are trained as follows:

- ☐ Familiarity with all plans and procedures specified in the Contingency Plan.
- ☐ Methods for Safe Handling of Hazardous Materials.
- ☐ Safety procedures in the event of a release or threatened release of a hazardous material.
- ☐ Use of Emergency Response equipment and supplies under the control of the business.
- ☐ Procedures for Coordination with local Emergency Response Organizations.

Training shall be provided:

- ☐ Initially for all new employees.
- ☐ Annually, including refresher courses, for all employees.

Note: These training programs may take into consideration the position of each employee.

Additional training should include:

- ☐ Internal alarm/notification procedures.
- ☐ Evacuation/re-entry procedures and assembly point locations.
- ☐ Material Safety Data Sheet (MSDS) training including specific hazard(s) of each chemical to which employees may be exposed, including routes of exposure *(i.e. inhalation, ingestion, absorption).*

VI. HAZARDOUS WASTE GENERATOR TRAINING

If your business is a hazardous waste generator, you are required to provide training in hazardous waste management for all workers who handle hazardous waste at your site (22 CCR §66265.16). You are also required to document training. The items below are required.

EMPLOYEE TRAINING

- ☐ Facility personnel will successfully complete training within six months after the date of their employment or assignment to a facility or to a new position at a facility.
- ☐ Employees will not handle hazardous wastes without supervision until trained.

TRAINING DOCUMENTATION

The owner or operator must maintain the following documents and records at the facility:

- ☐ Job title for each position at the facility that is related to hazardous waste management, and the names of the employee(s) filling the position(s).
- ☐ Description for each position listed above (must include required skill, education, or other qualifications as well as duties of employees assigned to the position.
- ☐ Description of *type* and *amount* of both introductory and continuing training given to each employee.
- ☐ Records that document that the requirements for training or job experience have been met.
- ☐ Current employees' training records (to be retained until closure of the facility).
- ☐ Former employees' training records (to be retained at least three years after termination of employment).

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UNIFIED PROGRAM (UP) FORM
HAZARDOUS WASTE GENERATOR

BUSINESS NAME: 3		
Coca-Cola Bottling Company of Southern California		
FACILITY ID # 1 FA0019878	NO. OF EMPLOYEES: 133b 250	EPA ID # 2 CAD982411803

I. TYPE OF GENERATOR

PLEASE CHECK THE FOLLOWING BOXES THAT APPLY (Check no more than one box per column)

	RCRA GENERATOR (FEDERAL WASTE) A	NON -RCRA GENERATOR (CALIFORNIA WASTE ONLY)
LARGE QUANTITY GENERATOR (>1000 KG HAZARDOUS WASTE PER MONTH)	☐	☐
SMALL QUANTITY GENERATOR (>100 KG BUT <1000 KG HAZARDOUS WASTE PER MONTH)	☐	☐
CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR (< 100 KG HAZARDOUS WASTE PER MONTH)	☐	☒

II. WASTE STREAM IDENTIFICATION

PLEASE COMPLETE THE TABLE BELOW. SEE INSTRUCTIONS FOR CODES AND EXPLANATION.

PROCESS B	WASTE DESCRIPTION C	WASTE ID D	AMOUNT PER YEAR E	STORAGE METHOD F	DISPOSAL METHOD G
Vehicle repair	**Used oil and fuel filters**	NA	1500 lbs (3 55-gal drums)	A	B
Vehicle repair	**Waste antifreeze**	134	100 gal	C	B
Vehicle repair	**Used oil**	221	300 gal	C	B

I certify that the information provided herein is true and accurate to the best of my knowledge.

OWNER/OPERATOR NAME H	OWNER/OPERATOR TITLE I
Katie Giesler	Sales Center Manager
OWNER/OPERATOR SIGNATURE	DATE J

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CUPA	PA	DISTRICT	INSPECTOR

SITE MAP

A site plan and storage map must be included with your Contingency Plan. For relatively small facilities, these documents may be combined into one drawing. Since these drawings are intended for use in emergency response situations, larger facilities *(generally those with complex and/or multiple buildings)* should provide an overall site plan and a separate storage map for each building/storage area. A blank Facility Site Map has been provided on the reverse side of this page. You may complete that page or attach any other drawing(s) which contain(s) the information required below.

1. **Site Plan:** This drawing shall contain, at a minimum, the following information:

   a. Site Orientation (north, south, etc.);
   b. Approximate scale *(e.g. "1 inch = 10 feet".)*;
   c. Date the map was drawn;
   d. Locations of all buildings and other structures;
   e. Parking lots and internal roads;
   f. Hazardous materials loading/unloading areas;
   g. Outside hazardous materials storage or use areas;
   h. Storm drain and sanitary sewer drain inlets;
   i. Wells for monitoring of underground tank systems;
   j. Primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas;
   k. Adjacent property use;
   l. Locations and names of adjacent streets and alleys;
   m. Access and egress points and roads.

2. **Storage Map(s):** The map(s) shall contain, at a minimum, the following information:

   a. General purpose of each section/area within each building *(e.g. "Office Area", "Manufacturing Area", etc.)*;
   b. Location of each hazardous material/waste storage, dispensing, use, or handling area *(e.g. individual underground tanks, aboveground tanks, storage rooms, paint booths, etc.)*. Each area shall be identified by a unique location code number, letter, or name *(e.g. "1", "2", "3"; "A", "B", "C", etc.)*;
   c. Entrances to and exits from each building and hazardous material/waste room/area;
   d. Location of each utility emergency shut-off point *(i.e. gas, water, electric.)*;
   e. Location of each monitoring system control panel *(e.g. underground tank monitoring, toxic gas monitoring, etc.)*.

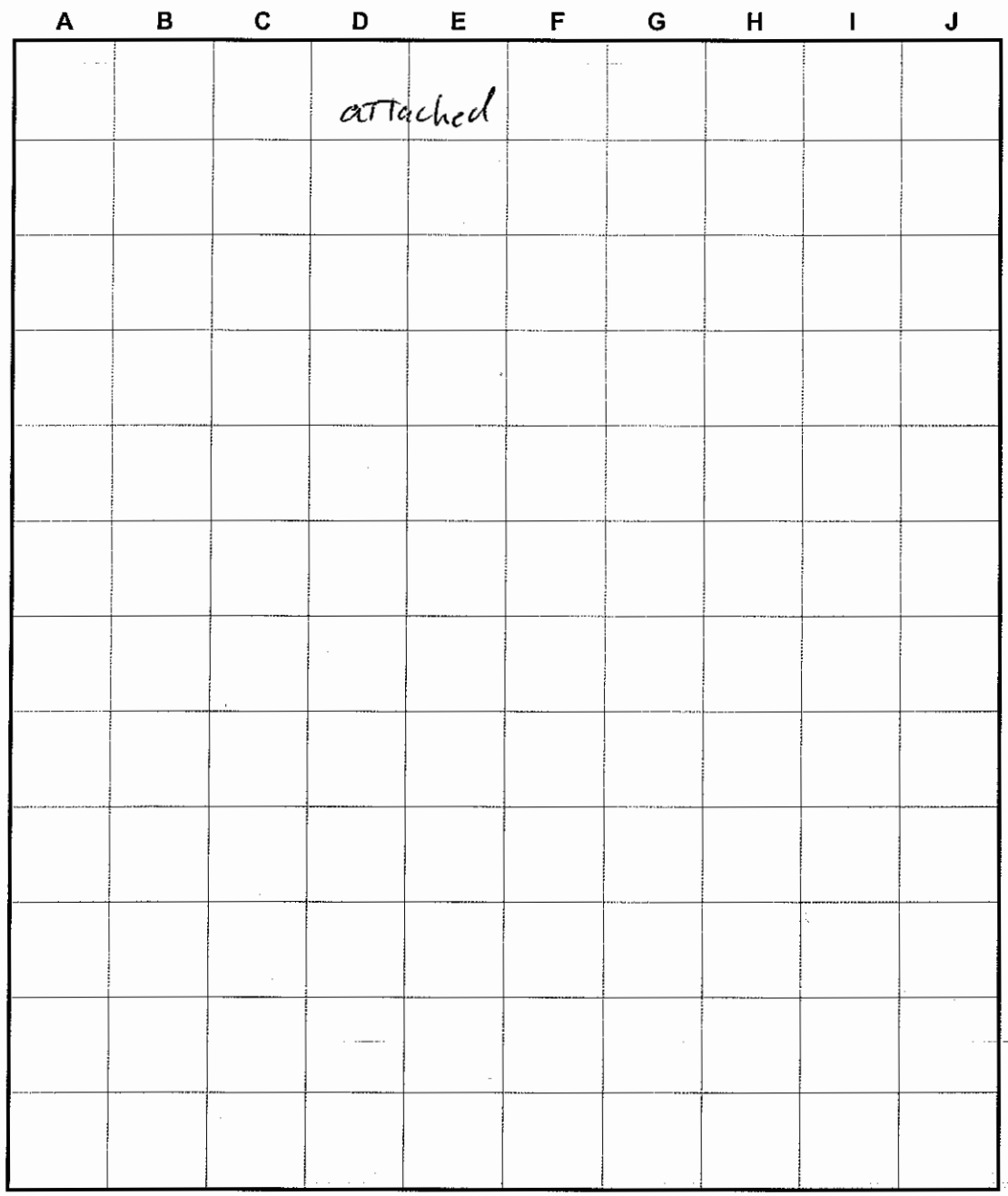
3. **Map Legend**

Item and/or Description	Location Code (LC)

CONSOLIDATED CONTINGENCY PLAN

SITE MAP

BUSINESS NAME			3
Coca Cola Bottling Co. of Southern California			
SITE ADDRESS 103	CITY 104	ZIP CODE 105	
19875 Pacific Gateway	Torrance	90502	
DATE MAP DRAWN	MAP #	FACILITY ID #	1
- -updated 2/2/2010	1, 2, 3	Branch 37	



For Site Map

- Scale of Map
- Loading Areas
- Parking Lots
- Internal Roads
- Storm and Sewer Drains
- Adjacent Property Use
- Locations and Names of Adjacent Streets and Alleys
- Access and Egress Points and Roads
- Primary and Alternate Evacuation Routes

For Sub-Site Map

- Scale of Map
- Location of Each Storage Area
- Location of Each Hazardous Material Handling Area
- Location of Emergency Response Equipment

Scale:
1" = _____Ft.

North

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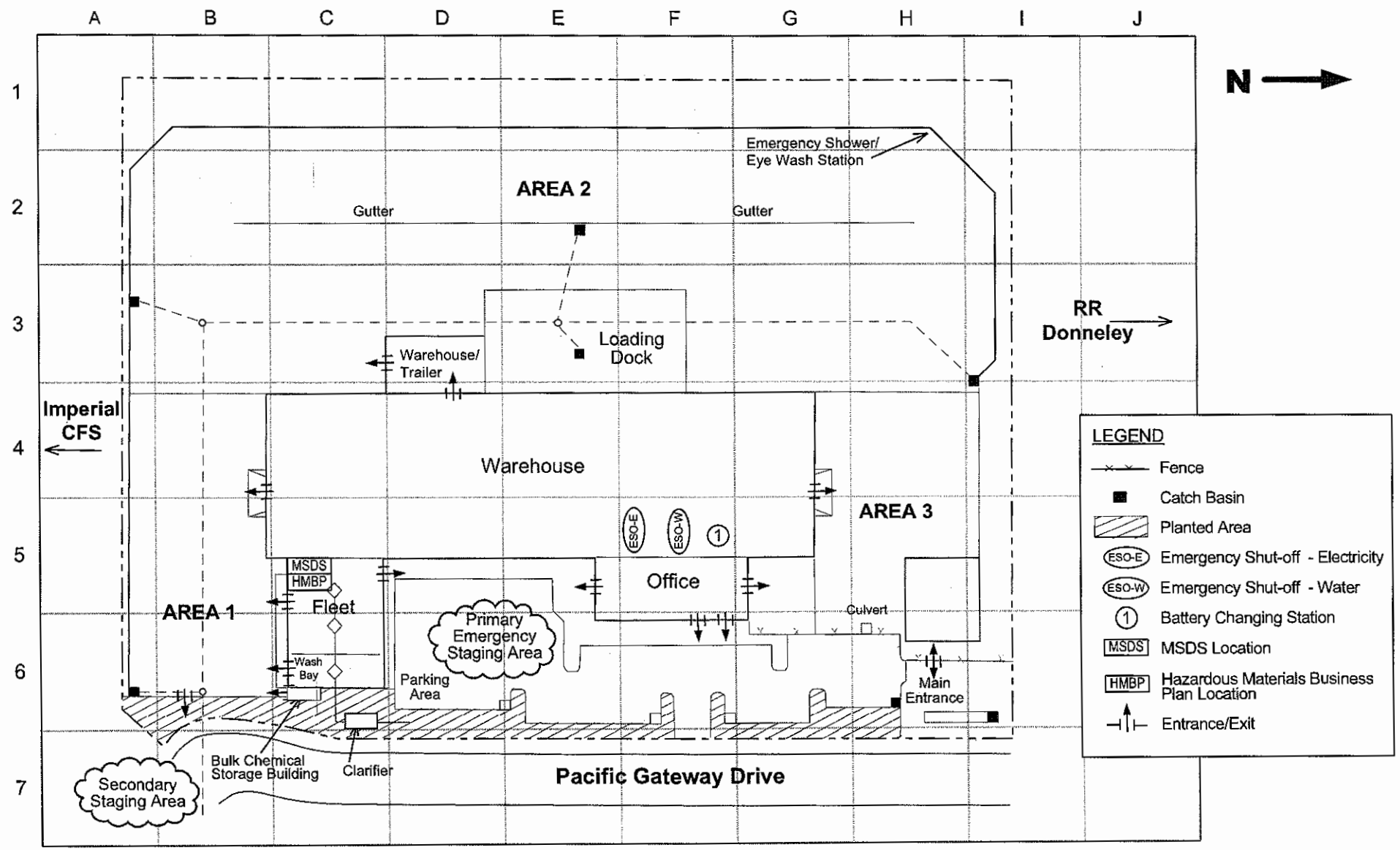
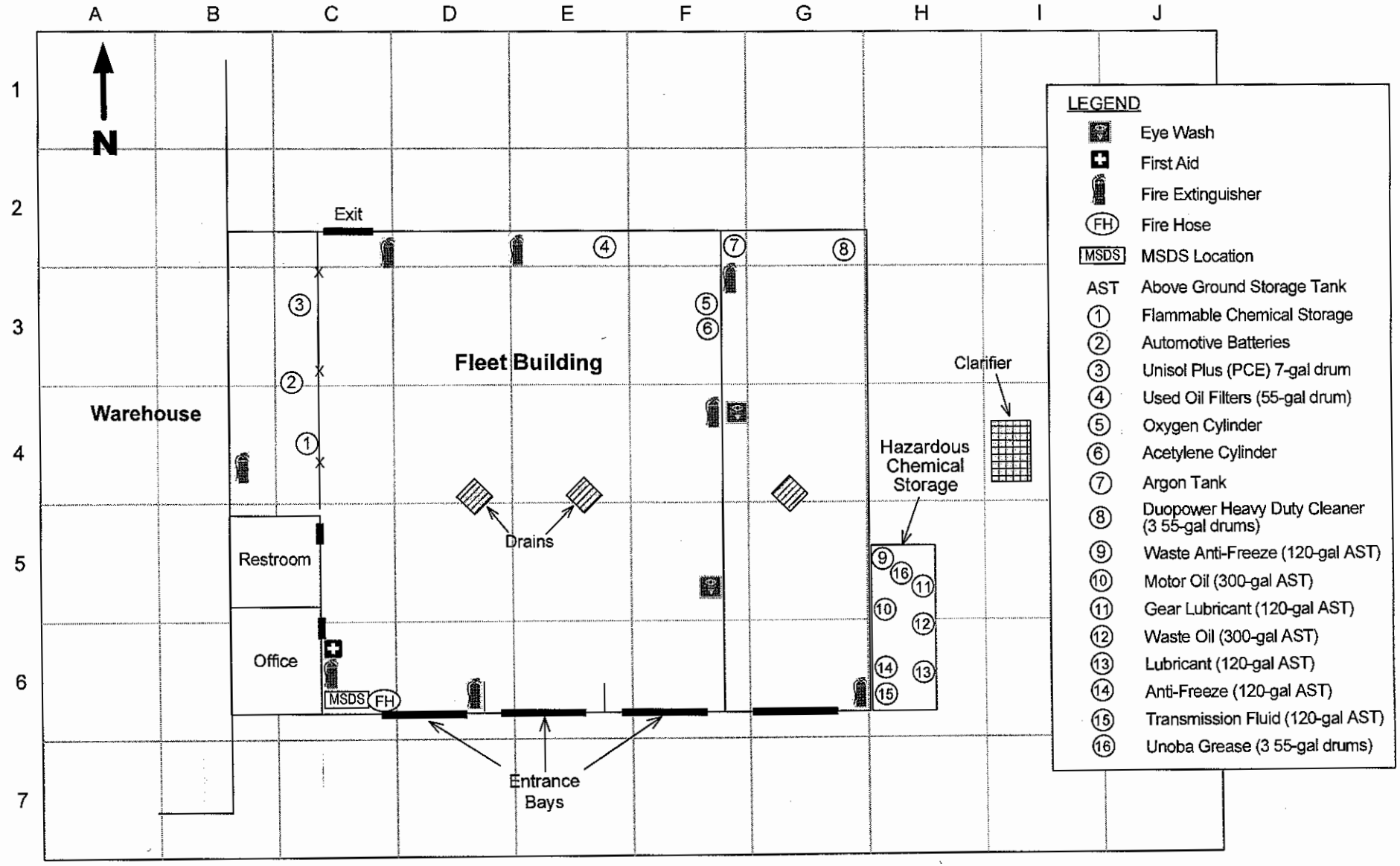
CALIFORNIA ANNOTATED SITE MAP	Business Name: Coca-Cola Bottling Co. of Southern California	Site Address: 19875 Pacific Gateway Drive, Torrance, CA 90502	Map #: 1



FACILITY SITE PLAN

Drawing Not to Scale

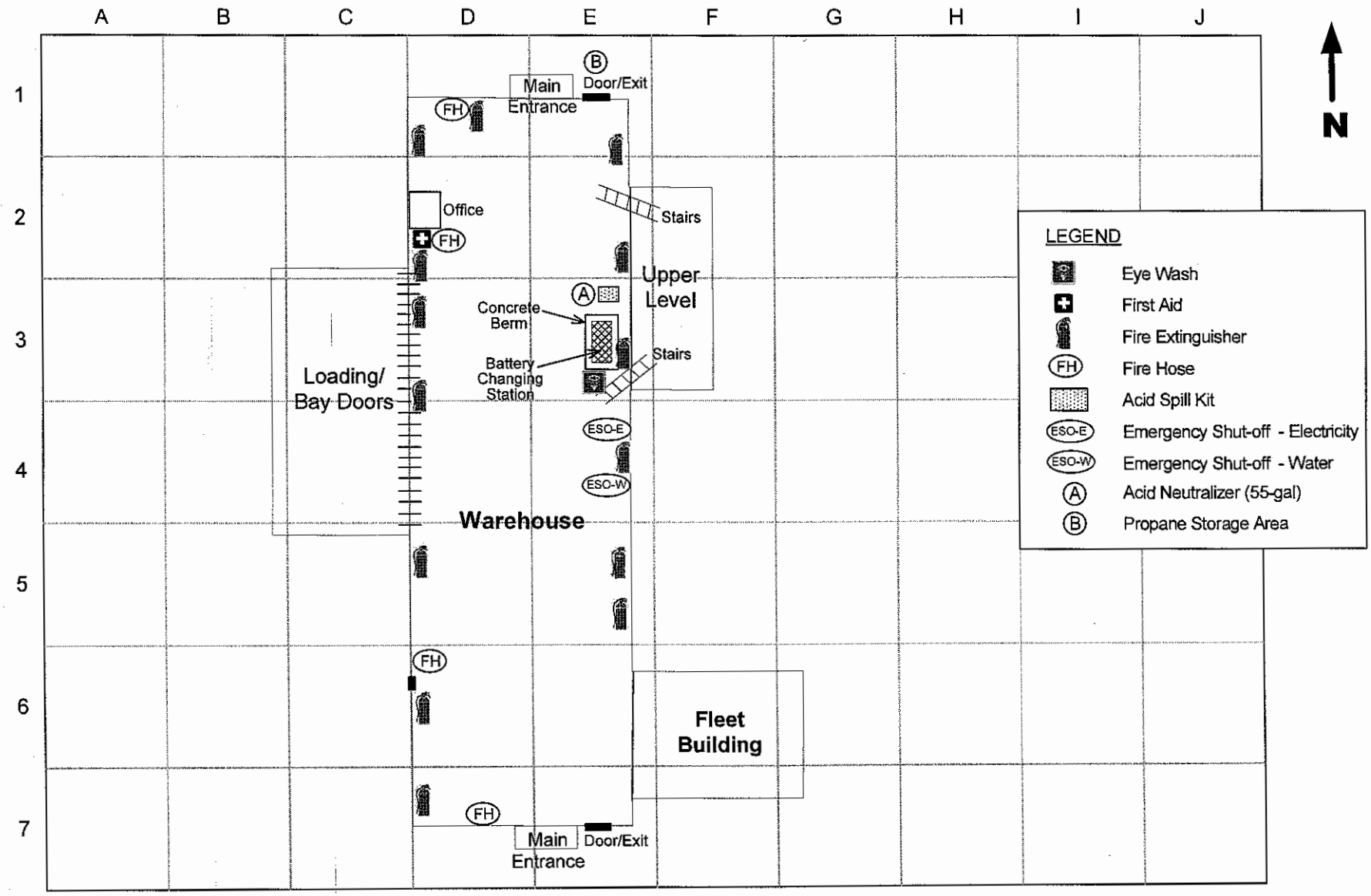
CALIFORNIA ANNOTATED SITE MAP	Business Name: Coca-Cola Bottling Co. of Southern California	Site Address: 19875 Pacific Gateway Drive, Torrance, CA 90502	Map #: 2



STORAGE MAP - FLEET BUILDING

Drawing Not to Scale

CALIFORNIA ANNOTATED SITE MAP	Business Name: Coca-Cola Bottling Co. of Southern California	Site Address: 19875 Pacific Gateway Drive, Torrance, CA 90502	Map #: 3



STORAGE MAP - WAREHOUSE

Drawing Not to Scale

II. HAZARDOUS MATERIALS SECTION

To be completed by all businesses that handle hazardous materials and/or regulated substances (including extremely hazardous substances)

Be advised that appropriate signatures must be provided on forms.

This section includes:

- HAZARDOUS MATERIALS INVENTORY FORM - CHEMICAL DESCRIPTION

  One chemical per page. Make photocopies as necessary.

  CAS Numbers must be provided for each chemical and hazardous component. To obtain the CAS#, refer to the chemical's MSDS (Materials Safety Data Sheet), or contact the chemical's manufacturer, or the Chemical Abstracts Service at (614) 447-3600.

  Facilities reporting chemicals subject to EPCRA (Emergency Planning and Community Right-to-Know Act) reporting thresholds must sign each page for each EPCRA reported chemical.For more information on EPCRA, contact US EPA at (800) 424-9346, or visit US EPA's EPCRA website at: http://www.epa.gov/lawsregs/laws/epcra.html

- REGULATED SUBSTANCE REGISTRATION FORM

  One chemical per page. Make photocopies as necessary.

- REGULATED SUBSTANCE LIST

Complete a separate Hazardous Materials Inventory - Chemical Description page for each hazardous material (hazardous substances and hazardous waste) handled at your facility in aggregate quantities equal to or greater than 500 pounds, 55 gallons, 200 cubic feet of gas (calculated at standard temperature and pressure), or the federal threshold planning quantity for Extremely Hazardous Substances, whichever is less. Also, complete a page for each radioactive material handled over quantities for which an emergency plan is required by 10 CFR Parts 30, 40, or 70. Completed inventories should reflect all reportable quantities of hazardous materials at your facility, reported **separately** for each building or outside adjacent area, with **separate** pages for unique occurrences of physical state, storage temperature and storage pressure. Please, number all pages of your submittal.

1. FACILITY ID NUMBER This number is assigned by the CUPA. This is the unique number which identifies your facility.
3. BUSINESS NAME Enter the full legal name of the business.
199. SUB LOCATION Enter the sub-location where applicable such as basement, emergency generator, chiller unit, pump room. If chemicals are stored in different suites within a building, the suite may also be entered in the sub location field.
200. ADD/DELETE/ REVISE Indicate if the material is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. NOTE: You may choose to leave this blank if you resubmit your entire inventory annually.
201. CHEMICAL LOCATION Enter the building or outside/ adjacent area where the hazardous material is handled. A chemical that is stored at the same pressure and temperature, in multiple locations within a building, can be reported on a single page. NOTE: This information is not subject to public disclosure pursuant to HSC § 25506.
202. CHEMICAL LOCATION CONFIDENTIAL - EPCRA All businesses which are subject to the Emergency Planning and Community Right to Know Act (EPCRA) must check "Yes" to keep chemical location information confidential; otherwise, check "No".
203. MAP NUMBER If a map is included, enter the number of the map on which the location of the hazardous material is shown.
204. GRID NUMBER If grid coordinates are used, enter the grid coordinates of the map that correspond to the location of the hazardous material.
205. CHEMICAL NAME Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). NOTE: If the chemical is a mixture, do not complete this field; instead, complete the "COMMON NAME" field.
206. TRADE SECRET - Check "Yes" if the information in this section is declared a trade secret, or "No" if it is not.
State requirement : If yes, and the business is not subject to EPCRA, disclosure of trade secret information is bound by HSC § 25511. **Federal requirement** : If yes, and the business is subject to EPCRA, disclosure of the designated Trade Secret information is bound by 40 CFR, and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form (40 CFR 350.27) to U.S. EPA.
207. COMMON NAME Enter the common name or trade name of the hazardous material or mixture containing a hazardous material.
208. EHS Check "Yes" if the hazardous material is an Extremely Hazardous Substance (EHS), as defined in 40 CFR, Part 355, Appendix A. If the material is a mixture containing an EHS, leave this section blank and complete the section on hazardous components below.
209. CAS # Enter the Chemical Abstract Service number for the hazardous material. For mixtures, enter the CAS number of the mixture only if it has a number; otherwise, leave this blank and report CAS numbers of the individual hazardous components in the appropriate section below.
210. FIRE CODE HAZARD CLASSES This information shall be provided if the local fire chief deems it necessary and requests the CUPA or PA to collect it. A list of the hazard classes and instructions on how to determine which class a material falls under are found in the appendices of Article 80 of the Uniform Fire Code. If a material has more than one hazard class, include all. Contact CUPA or PA for guidance.
211. HAZARDOUS MATERIAL TYPE Check the one box that best describes the type of hazardous material: pure, mixture or waste. If the substance is a waste, check only that box. If the substance is a mixture or waste, complete the hazardous components section.
212. RADIOACTIVE Check "Yes" if the hazardous material is radioactive or "No" if it is not.
213. CURIES If the material is radioactive, report the activity in curies; use up to nine digits with a floating decimal point to report activity in curies.
214. PHYSICAL STATE Check the one box that best describes the state in which the hazardous material is handled: solid, liquid or gas.
215. LARGEST CONTAINER Enter the total capacity of the largest container in which the material is stored.
216. FEDERAL HAZARD CATEGORIES Check all categories that describe the physical and health hazards associated with the hazardous material. Fire: Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, and Oxidizers.
Pressure Release: Explosives, Compressed Gases, and Blasting Agents.
Acute Health (Immediate): Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives, and other chemicals with an adverse effect with short term exposure.
Reactive: Unstable Reactive, Organic Peroxides, Water Reactive, and Radioactive.
Chronic Health (Delayed): Carcinogens, Teratogens, Mutagens, and other chemicals with an adverse effect with long term exposure.
217. AVERAGE DAILY AMOUNT Calculate the average daily amount of the hazardous material or mixture containing a hazardous material, in each building or adjacent/ outside area. Calculations shall be based on the previous year's inventory of the material reported on this page. Total all daily amounts and divide by the number of days the chemical will be on site. If this is a material that has not previously been present at this location, the amount shall be the average daily amount you project to be on hand during the course of the year. This amount should be consistent with the units reported in box 221 and should not exceed that of maximum daily amount.
218. MAXIMUM DAILY AMOUNT Enter the maximum amount of each hazardous material or mixture containing a hazardous material, which is handled in a building or adjacent/outside area at any one time over the course of the year. This amount must contain at a minimum last year's inventory of the material reported on this page, with the reflection of additions, deletions, or revisions projected for the current year. This amount should be consistent with the units reported in box 221.
219. ANNUAL WASTE AMOUNT If the hazardous material being inventoried is a waste, provide an estimate of the annual amount handled.
220. STATE WASTE CODE If the material is a waste, enter the California 3-digit hazardous waste code from the Uniform Hazardous Waste Manifest.
221. UNITS Check the unit of measure that is most appropriate for the material being reported on this page: gallons, pounds, cubic feet or tons. NOTE: If the material is a federally defined Extremely Hazardous Substance (EHS), all amounts must be reported in pounds. If material is a mixture containing an EHS, report the units that the material is stored in (gallons, pounds, cubic feet, or tons).
222. DAYS ON SITE List the total number of days during the year that the material is on site.
223. STORAGE CONTAINER Check all boxes that describe the type of storage containers in which the hazardous material is stored. NOTE: If appropriate, you may choose more than one.
224. STORAGE PRESSURE Check the one box that best describes the pressure at which the hazardous material is stored.
225. STORAGE TEMPERATURE Check the one box that best describes the temperature at which the hazardous material is stored.
226. HAZARDOUS COMPONENTS 1-5 (% BY WEIGHT) Enter the percentage weight of the hazardous component in a mixture. If a range of percentages is available, report the highest percentage in that range. (Report components 2 - 5 in boxes 230, 234, 238, and 242.)
227. HAZARDOUS COMPONENTS 1-5 NAME When reporting a hazardous material mixture, list up to five chemical names of hazardous components in that mixture by percent weight (refer to MSDS or, in the case of trade secrets, refer to manufacturer). All hazardous components in the mixture present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, should be reported. If more than five hazardous components are present above these percentages, attach an additional sheet of paper to capture the required information. When reporting waste mixtures, list mineral and chemical composition. (Report components 2 - 5 in boxes 231, 235, 239, and 243.)
228. HAZARDOUS COMPONENTS 1-5 EHS Check "Yes" if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355. (Report components 2 - 5 in boxes 232, 236, 240, and 244.)
229. HAZARDOUS COMPONENTS 1-5 CAS List Chemical Abstract Service numbers of the hazardous components in the mixture. (Repeat for 2-5.)
246. LOCALLY COLLECTED INFORMATION Contact your local agency about if they require additional hazardous materials inventory information.
246 (a and b) RS - Check "Yes" if the hazardous material is a Regulated Substance (RS) under the CalARP Program and listed on the attached CalARP Program Regulated Substance list. RS - HAZARDOUS COMPONENTS 1-5 RS. Check "Yes" if the component of the mixture is considered an RS..

UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)
(one page per material per building or area)

☒ADD ☐DELETE ☐REVISE REPORTING YEAR 2010 200 | Page 6 of 7

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
Coca-Cola Bottling Company of Southern California

CHEMICAL LOCATION 201	SUB LOCATION 199	CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☐ NO 202
Warehouse		

FACILITY ID # 1 | MAP# (optional) 203 | GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 | TRADE SECRET ☐ Yes ☐ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME 207 | EHS* ☐ Yes ☐ No 208 | RS* ☐Yes ☐No 246a

CAS# 209 | *If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☐b. MIXTURE ☐ c. WASTE 211 | RADIOACTIVE ☐Yes ☐No 212 | CURIES 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☐b. LIQUID ☐ c. GAS 214 | LARGEST CONTAINER 215

FED HAZARD CATEGORIES (Check all that apply) ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220

UNITS* (Check one item only) ☐a. GALLONS ☐b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.

DAYS ON SITE: 222

STORAGE CONTAINER
☐ a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☐ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON 223

STORAGE PRESSURE ☐ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☐ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
1 226	227	☐Yes 228	☐Yes	229
2 230	231	☐Yes 232	☐Yes	233
3 234	235	☐Yes 236	☐Yes	237
4 238	239	☐Yes 240	☐Yes	241
5 242	243	☐Yes 244	☐Yes	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY

DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

UNIFIED PROGRAM (UP) FORM
CalARP PROGRAM REGULATED SUBSTANCE REGISTRATION

THIS PAGE IS TO BE COMPLETED FOR A STATIONARY SOURCE THAT HANDLES A REGULATED SUBSTANCE (RS) IN A PROCESS AT OR ABOVE THE THRESHOLD QUANTITY. REGULATED SUBSTANCES (INCLUDING FEDERAL LISTED AND STATE LISTED REGULATED SUBSTANCES) MUST BE REGISTERED FOR THE PURPOSE OF COMPLYING WITH THE Cal ARP (CALIFORNIA ACCIDENTAL RELEASE PREVENTION) PROGRAM. THE OWNER OR OPERATOR SHALL COMPLETE A HAZARDOUS MATERIALS INVENTORY FORM AND A REGISTRATION FOR EACH REGULATED SUBSTANCE PER EACH PROCESS.

REASON FORM IS BEING SUBMITTED: ☐UPDATE ☐CORRECTION ☐DE-REGISTRATION ☐WITHDRAWAL				247
BUSINESS NAME				3
FACILITY ID# 1	USEPA FACILITY ID # 2	PROGRAM LEVEL ☐ 1 ☐ 2 ☐ 3		246c
NAME OF CORPORATE PARENT COMPANY 246d	DUN & BRADSTREET			106
PERSON RESPONSIBLE FOR RMP (First Name, Last Name)	TITLE	E-MAIL ADDRESS (Optional)		246e
PARENT COMPANY E-MAIL ADDRESS (Optional) 246f	COMPANY HOMEPAGE ADDRESS (Optional)			246g
NAME OF RMP PREPARER	PHONE NUMBER			246h
RMP PREPARER MAILING ADDRESS 246i	PHONE NUMBER FOR PUBLIC INQUIRIES (Optional)			246j
LATITUDE 246k	LONGITUDE 246l	METHOD USED TO OBTAIN LATITUDE AND LONGITUDE		246m
LOCATION DESCRIPTION 246n	NUMBER OF EMPLOYEES 246o	PROCESS NAICS		107a
LEPC COMMITTEE (Optional) 246p	OSHA VOLUNTARY PROTECTION PROGRAM STATUS (Optional)			246q
DOES THE FACILITY HAVE SUBSTANCES LISTED IN 40 CFR 355 APPENDIX A (EHS)? ☐ YES ☐ NO 208	DO ANY PROCESSES REQUIRE A CLEAN AIR ACT TITLE V OPERATING PERMIT? ☐YES ☐NO 246r	PERMIT NO.		246s
IS FACILITY SUBJECT TO 29CFR 1910.119/CCR 8 SEC 5189(PSM) ? ☐YES ☐ NO 246 t	LAST SAFETY INSPECTION DATE AGENCY			246u
CHEMICAL NAME 205	CAS#			209
MAXIMUM DAILY AMOUNT 218a	UNITS IN POUNDS			221
PROCESS DESCRIPTION				246v
PRINCIPAL EQUIPMENT				246w

CERTIFICATION

I, the owner or operator of the aforementioned business, hereby certify that the registration information provided above is true, accurate, and complete to the best of my knowledge based upon reasonable inquiry. I am fully aware that this certification executed on the date indicated below is made under penalty of perjury under the laws of the State of California.

OWNER/OPERATOR NAME 246x	OWNER/OPERATOR TITLE	246y
OWNER/OPERATOR SIGNATURE	DATE	246z

UNIFIED PROGRAM (UP) FORM
CalARP PROGRAM REGULATED SUBSTANCE REGISTRATION

THIS PAGE IS TO BE COMPLETED FOR A STATIONARY SOURCE THAT HANDLES A REGULATED SUBSTANCE (RS) IN A PROCESS AT OR ABOVE THE THRESHOLD QUANTITY. REGULATED SUBSTANCES (INCLUDING FEDERAL LISTED AND STATE LISTED REGULATED SUBSTANCES) MUST BE REGISTERED FOR THE PURPOSE OF COMPLYING WITH THE Cal ARP (CALIFORNIA ACCIDENTAL RELEASE PREVENTION) PROGRAM. THE OWNER OR OPERATOR SHALL COMPLETE A HAZARDOUS MATERIALS INVENTORY FORM AND A REGISTRATION FOR EACH REGULATED SUBSTANCE PER EACH PROCESS.

REASON FORM IS BEING SUBMITTED: ☐UPDATE ☐CORRECTION ☐DE-REGISTRATION ☐WITHDRAWAL				247
BUSINESS NAME				3
FACILITY ID# 1	USEPA FACILITY ID # 2	PROGRAM LEVEL ☐ 1 ☐ 2 ☐ 3		246c
NAME OF CORPORATE PARENT COMPANY 246d	DUN & BRADSTREET			106
PERSON RESPONSIBLE FOR RMP (First Name, Last Name)	TITLE	E-MAIL ADDRESS (Optional)		246e
PARENT COMPANY E-MAIL ADDRESS (Optional) 246f	COMPANY HOMEPAGE ADDRESS (Optional)			246g
NAME OF RMP PREPARER	PHONE NUMBER			246h
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LATITUDE 246k	LONGITUDE 246l	METHOD USED TO OBTAIN LATITUDE AND LONGITUDE		246m
LOCATION DESCRIPTION 246n	NUMBER OF EMPLOYEES 246o	PROCESS NAICS		107a
LEPC COMMITTEE (Optional) 246p	OSHA VOLUNTARY PROTECTION PROGRAM STATUS (Optional)			246q
DOES THE FACILITY HAVE SUBSTANCES LISTED IN 40 CFR 355 APPENDIX A (EHS)? ☐YES ☐ NO 208	DO ANY PROCESSES REQUIRE A CLEAN AIR ACT TITLE V OPERATING PERMIT? ☐YES ☐NO 246r	PERMIT NO.		246s
IS FACILITY SUBJECT TO 29CFR 1910.119/CCR 8 SEC 5189(PSM) ? ☐YES ☐ NO 24 6t	LAST SAFETY INSPECTION DATE AGENCY			246u
CHEMICAL NAME 205	CAS#			209
MAXIMUM DAILY AMOUNT 218a	UNITS IN POUNDS			221
PROCESS DESCRIPTION				246v
PRINCIPAL EQUIPMENT				246w

CERTIFICATION

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OWNER/OPERATOR NAME 246x	OWNER/OPERATOR TITLE	246y
OWNER/OPERATOR SIGNATURE	DATE	246z

OFFICIAL USE ONLY	DATE RECEIVED		REVIEWED BY			
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

CalARP PROGRAM REGULATED SUBSTANCE REGISTRATION

This page is to be completed for a Stationary Source that handles a Regulated Substance (RS) in a process at or above the threshold quantity. Regulated Substances (including Federal and State Listed Regulated Substances) must be registered for the purpose of complying with the California Accidental Release Prevention (Cal ARP) program. The owner or operator shall complete a Hazardous Materials Inventory – Chemical Description page and a Regulated Substance Registration for each Regulated Substance per process. Contact your local agency (CUPA or PA) for any additional assistance.

Note: A list of Federal and State Regulated Substances is attached for your reference.

1. FACILITY ID NUMBER This number is assigned by the CUPA. This unique number identifies your facility.
2. EPA ID NUMBER Enter your facility's 12-character EPA identification number issued by the USEPA.
3. BUSINESS NAME Enter the full legal name of the business.

106. DUN & BRADSTREET Enter the Dun and Bradstreet number of the Principal Company or entity which owns at least 50 percent of the voting stock. The Dun and Bradstreet number allows your business to be cross-referenced to various business information. You may be able to obtain this number from your finance department. If your business does not have this information, contact Dun and Bradstreet at (610) 882-7748 or via the internet at www.dnb.com.

107a. PROCESS NAICS CODE Enter the specific *North American Industry Classification System Code* for the process using, treating, storing, producing, disposing, or otherwise handling regulated substances.

205. **CHEMICAL NAME Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the** hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS).

208. EPCRA SECTION 355 Check "Yes" if the stationary source is subject to Part 355 of Title 40 of CFR.

209. CAS # Enter the Chemical Abstract Service number for the hazardous material.

218a. MAXIMUM DAILY AMOUNT Enter the maximum amount of hazardous material or mixture containing a hazardous material which is handled in the process at any one time over the course of the year.

221. UNITS IN POUNDS Leave this box blank. Note: All Regulated Substances must be reported in pounds to two significant digits.

246c. PROGRAM LEVEL Indicate the proper *Program Level* this process falls under. Mark either Program 1, 2, or 3 to identify with which program the process complies.

246d. NAME OF CORPORATE PARENT COMPANY Enter the legal name of the Principal Company or entity which owns at least 50 percent of the voting stock.

246e. PERSON RESPONSIBLE FOR RMP Enter name, title and (optional) e-mail address of the person designated as responsible for the RMP.

246f. PARENT COMPANY E-MAIL ADDRESS (Optional) Enter the e-mail address of the parent company (optional information).

246g. COMPANY HOMEPAGE ADDRESS (Optional) Enter the web address of the company (optional information).

246h. NAME / PHONE NUMBER OF RMP PREPARER Enter the contractor's name and phone number who prepared the RMP (if any).

246i. RMP PREPARER MAILING ADDRESS Enter the mailing address of the contractor that prepared the RMP (if any).

246j PHONE NUMBER FOR PUBLIC INQUIRIES (Optional) Enter a phone number that the public may call if they have questions about your facility or your RMP (optional information).

246k LATITUDE Enter the degrees of latitude where the chemical process is located. The latitude of your facility can be determined in several ways, including through the use of U.S. Geological Survey (USGS), global positioning system (GPS) receivers, and web-based siting tools. Latitude is the degrees north or south of the equator. Latitude is measured in degrees, minutes, and seconds. We recommend the use of USGS topographical quadrangle maps to make this determination. When using USGS, the valid latitudes for LA County range from 33°17'53N to 34°49'14N. Be sure the latitude fits this range.

246l. LONGITUDE Enter the degrees of longitude where the chemical process is located. The longitude of your facility can be determined in several ways, including through the use of USGS, GPS receivers, and web-based siting tools. Longitude is the degrees east or west of the prime meridian. Longitude is measured in degrees, minutes, and seconds. We recommend the use of USGS topographical quadrangle maps to make this determination. When using USGS, the valid longitudes for LA County range from 117°38'39W to 118°56'39W. Be sure the latitude fits this range.

246m. METHOD USED TO OBTAIN LATITUDE AND LONGITUDE Source of latitude and longitude information.

246n. LOCATION DESCRIPTION A description of location that latitude and longitude represent.

246o. NUMBER OF EMPLOYEES The number of full time employees at the stationary source.

246p. LEPC COMMITTEE (Optional) Enter the Local Emergency Planning Committee to which the facility belongs (optional information).

246q. OSHA VOLUNTARY PROTECTION PROGRAM STATUS (Optional) Enter whether you participate in this OSHA program and the status of your facility (optional information). Program levels are Star, Merit, or Star Demonstration.

246r. CAA TITLE V State and local operating permit programs are required under Title V of the Clean Air Act (40 CFR Part 70). Title V requires major sources of air pollution to receive permits, pay fees to cover cost of administering the program, and sign a binding certification of compliance on all permit applications and documents. Check the appropriate box, "yes" or "no."

246s. PERMIT NUMBER If you have a Title V operating permit, enter the permit number.

246t. OSHA PSM The OSHA Process Safety Management Standard, codified at 29 CFR 1910.119, is similar to the Program 3 prevention program, and is designed to protect workers from the effects of accidental releases of hazardous substances. *Note:* This question covers all processes at your facility; if any process at your facility is subject to OSHA PSM, you must answer yes even if the PSM process does not involve a Regulated Substance. Answer the question either "yes" or "no."

246u. LAST SAFETY INSPECTION Enter the date of the last safety inspection of your facility and indicate the Agency (OSHA, State OSHA, EPA, State EPA, Fire Dept., etc..) that performed the inspection.

246v. PROCESS DESCRIPTION Describe the *process* and/or operations involved in the use, treatment, storage, production, disposal or otherwise handling of the regulated substances (include process pressures and temperature, and whether it is a raw material or an intermediate). *Note:* Any group of interconnected vessels or separate vessels, located such that a regulated substance could he involved in a potential release, is considered a single process.

246w. PRINCIPAL EQUIPMENT List the equipment and/or components used in the process involving the Regulated Substance.

246x. NAME OF OWNER / OPERATOR The full name of the owner/operator who signed the registration page.

246y. TITLE Enter the title of the person signing the page.

246z. DATE Enter the date the page was signed.

247 REASON FORM IS BEING SUBMITTED Check "Update" box if the RMP is submitted for 5-year update, process change that requires a revised PHA or hazard review or any reasons discussed in 19 CCR 2745.10; check "Correction" box if there is change or error in administrative information, a new accident history information, or change in emergency contact information; check "De-registration" box if the facility is no longer subject to the CalARP Program; check "Withdrawal" box if the facility was erroneously considered subject to the CalARP Program.

CalARP PROGRAM REGULATED SUBSTANCES LIST

CHEMICAL NAME	CAS #	TQ (lbs)	Listing Basis
Acetaldehyde	75-07-0	10,000	g
* Acetone Cyanohydrin	75-86-5	1,000	
Acetone Thiosemicarbazide	1752-30-3	1,000/10,000[1]	
Acetylene (Ethyne)	74-86-2	10,000	f
Acrolein (2-Propenal)	107-02-8	500	b
Acrylamide	79-06-1	1,000/10,000[1]	
Acrylonitrile (2- Propenenitrile)	107-13-1	10,000	b
Acrylyl Chloride (2-Propenoyl Chloride)	814-68-6	100	b
Aldicarb	116-06-3	100/10,000[1]	
Aldrin	309-00-2	500/10,000[1]	
Allyl Alcohol (2-Propen-1-ol)	107-18-6	1,000	b
Allylamine (2-Propen-1-Amine)	107-11-9	500	b
Aluminum Phosphide	20859-73-8	500	
Aminopterin	54-62-6	500/10,000[1]	
Amiton Oxalate	3734-97-2	100/10,000[1]	
Ammonia, Anhydrous [2]	7664-41-7	500	a,b
Ammonia, Aqueous	7664-41-7	500	a,b
* Aniline	62-53-3	1,000	
Antimycin A	1397-94-0	1,000/10,000[1]	
ANTU (1-Naphthalenylthiourea)	86-88-4	500/10,000[1]	
Arsenic Pentoxide	1303-28-2	100/10,000[1]	
Arsenous Oxide (Arsenic Trioxide)	1327-53-3	100/10,000[1]	
Arsenous Trichloride	7784-34-1	500	b
Arsine (Arsenic Hydride)	7784-42-1	100	b
Azinphos-Ethyl	2642-71-9	100/10,000[1]	
Azinphos-Methyl [Guthion]	86-50-0	10/10,000[1]	
Benzene, 1-(Chloromethyl)-4-Nitro-	100-14-1	500/10,000[1]	
Benzenearsonic Acid	98-05-5	10/10,000[1]	
Benzimidazole,4,5-Dichloro-2-(Trifluoromethyl)	3615-21-2	500/10,000[1]	
* Benzotrichloride (Benzoictrichloride)	98-07-7	100	
Bicyclo(2.2.1) Heptane-2-Carbonitrile, 5-Chloro-6-((((Methylamino)Carbonyl)Oxy)Imino)-, (1s-(1-alpha, 2-beta, 4-alpha, 5-alpha, 6E))-	15271-41-7	500/10,000[1]	
Bis(Chloromethyl) Ketone	534-07-6	10/10,000[1]	
Bitoscanate	4044-65-9	500/10,000[1]	
Boron Trichloride (Trichloroborane)	10294-34-5	500	b
Boron Trifluoride (Trifluoroborane)	7637-07-2	500	b
Boron Trifluoride Compound w/Methyl Ether(1:1) (Boron, Trifluoro (Oxybis (Metane)))-,T-4-	353-42-4	1,000	b
Bromadiolone	28772-56-7	100/10,000[1]	
Bromine	7726-95-6	500	a,b
Bromotrifluorethylene (Ethene, Bromotrifluoro-)	598-73-2	10,000	f
1,3-Butadiene	106-99-0	10,000	f
Butane	106-97-8	10,000	f
Butene	25167-67-3	10,000	f
1-Butene	106-98-9	10,000	f
2-Butene	107-01-7	10,000	f
2-Butene-cis	590-18-1	10,000	f
2-Butene-trans (2-Butene, (E))	624-64-6	10,000	f
Cadmium Oxide	1306-19-0	100/10,000[1]	
Cadmium Stearate	2223-93-0	1,000/10,000[1]	
Calcium Arsenate	7778-44-1	500/10,000[1]	
Camphechlor	8001-35-2	500/10,000[1]	
Cantharidin	56-25-7	100/10,000[1]	
Carbachol Chloride	51-83-2	500/10,000[1]	
Carbamic Acid, Methyl-,o-(((2,4-Dimethyl-1,3-Dithiolan-2-YL) Methylene)Amino)-	26419-73-8	100/10,000[1]	
Carbofuran	1563-66-2	10/10,000[1]	
Carbon Disulfide	75-15-0	10,000	b
Carbon Oxysulfide (Carbon Oxide Sulfide (COS))	463-58-1	10,000	f
Chlorine	7782-50-5	100	a,b
Chlorine Dioxide (Chlorine Oxide (ClO2))	10049-04-4	1,000	c
Chlorine Monoxide (Chlorine Oxide)	7791-21-1	10,000	f
Chlormequat Chloride	999-81-5	100/10,000[1]	
Chloroacetic Acid	79-11-8	100/10,000[1]	
Chloroform (Methane, trichloro-)	67-66-3	10,000	b
Chloromethyl Ether (Methane,Oxybis(chloro-)	542-88-1	100	b
Chloromethyl Methyl Ether (Chloromethoxymethane)	107-30-2	100	b
Chlorophacinone	3691-35-8	100/10,000[1]	
1-Chloropropylene (1-Propene, 1-Chloro-)	590-21-6	10,000	g
2-Chloropropylene (1-Propene, 2-Chloro-)	557-98-2	10,000	g
Chloroxuron	1982-47-4	500/10,000[1]	
Chromic Chloride	10025-73-7	1/10,000 [1]	
Cobalt,((2,2'-(1,2-Ethanediylbis(Nitrilomethylidine)) Bis(6-Fluorophenolato))(2-)-N,N',O,O')-	62207-76-5	100/10,000[1]	
Cobalt Carbonyl	10210-68-1	10/10,000[1]	
Colchicine	64-86-8	10/10,000[1]	
Coumaphos	56-72-4	100/10,000[1]	
Coumatetralyl	5836-29-3	500/10,000[1]	
o-Cresol	95-48-7	1,000/10,000[1]	
Crimidine	535-89-7	100/10,000[1]	
Crotonaldehyde ((E)-(2-Butenal,(E))-)	123-73-9	1,000	b
Crotonaldehyde (2-Butenal)	4170-30-3	1,000	b
Cyanogen (Ethanedinitrile)	460-19-5	10,000	f
Cyanogen Bromide	506-68-3	500/10,000[1]	
Cyanogen Chloride	506-77-4	10,000	c
Cyanogen Iodide	506-78-5	1,000/10,000[1]	
Cyanuric Fluoride	675-14-9	100	
Cycloheximide	66-81-9	100/10,000[1]	
Cyclohexylamine (Cyclohexanamine)	108-91-8	10,000	b
Cyclopropane	75-19-4	10,000	f
Decaborane (14)	17702-41-9	500/10,000[1]	
Dialifor	10311-84-9	100/10,000[1]	
Diborane	19287-45-7	100	b
Dichlorosilane (Silane, Dichloro-)	4109-96-0	10,000	f
* Diepoxybutane	1464-53-5	500	
Difluoroethane (Ethane, 1,1-Difluoro-)	75-37-6	10,000	f
Digitoxin	71-63-6	100/10,000[1]	
Digoxin	20830-75-5	10/10,000[1]	
Dimethoate	60-51-5	500/10,000[1]	
Dimethyl-p-Phenylenediamine	99-98-9	10/10,000[1]	
* Dimethyl Sulfate	77-78-1	500	
Dimethylamine (Methanamine, N-Methyl-)	124-40-3	10,000	f
Dimethyldichlorosilane	75-78-5	500	b
Dimethylhydrazine (1,1-Dimethylhydrazine)	57-14-7	1,000	b
2,2-Dimethylpropane (Propane, 2,2-Dimethyl-)	463-82-1	10,000	f
Dimetilan	644-64-4	500/10,000[1]	
Dinitrocresol (4,6-Dinitro-o-Cresol)	534-52-1	10/10,000[1]	
Dinoseb	88-85-7	100/10,000[1]	
Dinoterb	1420-07-1	500/10,000[1]	
Diphacinone	82-66-6	10/10,000[1]	
* Disulfoton	298-04-4	500	
Dithiazanine Iodide	514-73-8	500/10,000[1]	
Dithiobiuret	541-53-7	100/10,000[1]	
Emetine, Dihydrochloride	316-42-7	1/10,000[1]	
Endosulfan	115-29-7	10/10,000[1]	
Endothion	2778-04-3	500/10,000[1]	
Endrin	72-20-8	500/10,000[1]	
Epichlorohydrin ((Chloromethyl) Oxirane)	106-89-8	1,000	b
EPN (Phenylphosphonothioic Acid o-Ethylo-(4-Nitrophenyl) Ester)	2104-64-5	100/10,000[1]	
Ergocalciferol	50-14-6	1,000/10,000[1]	
Ergotamine Tartrate	379-79-3	500/10,000[1]	
Ethane	74-84-0	10,000	f
Ethyl Acetylene (1-Butyne)	107-00-6	10,000	f
Ethyl Chloride (Ethane, Chloro-)	75-00-3	10,000	f
Ethyl Ether (Ethane, 1,1'-Oxybis-)	60-29-7	10,000	g
Ethyl Mercaptan (Ethanethiol)	75-08-1	10,000	g
Ethyl Nitrite (Nitrous Acid, Ethyl Ester)	109-95-5	10,000	f
Ethylamine (Ethanamine)	75-04-7	10,000	f
Ethylene (Ethene)	74-85-1	10,000	f
Ethylene Fluorohydrin	371-62-0	10	
Ethylene Oxide (Oxirane)	75-21-8	1,000	a,b
Ethylenediamine (1,2-Ethanediamine)	107-15-3	10,000	b
Ethyleneimine (Aziridine)	151-56-4	500	b
Fenamiphos	22224-92-6	10/10,000[1]	
Fluenetil	4301-50-2	100/10,000[1]	
Fluorine	7782-41-4	500	b
Fluoroacetamide	640-19-7	100/10,000[1]	
Fluoroacetic Acid	144-49-0	10/10,000[1]	
Fluoroacetyl Chloride	359-06-8	10	
Fluorouracil	51-21-8	500/10,000[1]	
Formaldehyde [2]	50-00-0	500	b
Formetanate Hydrochloride	23422-53-9	500/10,000[1]	
Formparanate	17702-57-7	100/10,000[1]	
Fuberidazole	3878-19-1	100/10,000[1]	
Furan	110-00-9	500	b
Gallium Trichloride	13450-90-3	500/10,000	
Hydrazine	302-01-2	1,000	b
Hydrochloric Acid (conc 37% or greater)	7647-01-0	15,000	d
Hydrocyanic Acid	74-90-8	100	a,b
Hydrogen	1333-74-0	10,000	f
Hydrogen Chloride,(Gas)	7647-01-0	500	a
Hydrogen Cyanide (Hydrocyanic Acid), (Gas)	74-90-8	100	
Hydrogen Fluoride/Hydrofluoric Acid (Hydrofluoric Acid)	7664-39-3	100	a,b
Hydrogen Selenide	7783-07-5	10	b
Hydrogen Sulfide	7783-06-4	500	a,b
* Hydroquinone [4]	123-31-9	500/10,000[1]	
Iron, Pentacarbonyl- (Iron Carbonyl (Fe(CO)5, (TB-5-11)-)	13463-40-6	100	b
Isobenzan	297-78-9	100/10,000[1]	
Isobutane (Propane, 2-Methyl)	75-28-5	10,000	f

CalARP PROGRAM REGULATED SUBSTANCES LIST

CHEMICAL NAME	CAS #	TQ (lbs)	Listing Basis
Isobutyronitrile (2-Methylpropanenitrile)	78-82-0	1,000	b
Isocyanic Acid,3,4-Dichlorophenyl Ester	102-36-3	500/10,000[1]	
Isodrin	465-73-6	100/10,000[1]	
Isopentane (Butane, 2-Methyl-)	78-78-4	10,000	g
Isophorone Diisocyanate	4098-71-9	100	
Isoprene (1,3-Butadiene, 2-Methyl-)	78-79-5	10,000	g
Isopropyl Chloride (Propane, 2-Chloro-)	75-29-6	10,000	g
Isopropyl Chloroformate (Carbonochloridic Acid, 1-Methylethyl Ester)	108-23-6	1,000	b
Isopropylamine (2-Propanamine)	75-31-0	10,000	g
Leptophos	21609-90-5	500/10,000[1]	
* Lewisite (Chlorovinylarsine Dichloride)	541-25-3	10	
Lindane	58-89-9	1,000/10,000[1]	
Lithium Hydride	7580-67-8	100	
Malononitrile	109-77-3	500/10,000[1]	
* Manganese,Tricarbonyl Methylcyclopentadienyl	12108-13-3	100	
Mercuric Acetate	1600-27-7	500/10,000[1]	
Mercuric Chloride	7487-94-7	500/10,000[1]	
Mercuric Oxide	21908-53-2	500/10,000[1]	
Methacrylonitrile (Methylacrylonitrile) (2-Methyl-2-Propenenitrile)	126-98-7	500	b
Methacryloyl Chloride	920-46-7	100	
Methacryloyloxyethyl Isocyanate	30674-80-7	100	
Methamidophos	10265-92-6	100/10,000[1]	
Methane	74-82-8	10,000	f
Methanesulfonyl Fluoride	558-25-8	1,000	
Methidathion	950-37-8	500/10,000[1]	
Methiocarb (Mercaptodimethur)	2032-65-7	500/10,000[1]	
Methomyl	16752-77-5	500/10,000[1]	
Methoxyethylmercuric Acetate	151-38-2	500/10,000[1]	
2-Methyl-1-Butene	563-46-2	10,000	g
3-Methyl-1-Butene	563-45-1	10,000	f
Methyl 2-Chloroacrylate	80-63-7	500	
Methyl Bromide (Bromomethane)	74-83-9	1,000	
Methyl Chloride (Methane, Chloro-)	74-87-3	10,000	a
Methyl Chloroformate (Carbonochloridic Acid, Methyl Ester)	79-22-1	500	b
Methyl Ether (Methane, Oxybis-)	115-10-6	10,000	f
Methyl Formate (Formic Acid, Methyl Ester)	107-31-3	10,000	g
Methyl Hydrazine	60-34-4	500	b
Methyl Isocyanate (Isocyanatomethane)	624-83-9	500	a,b
Methyl Isothiocyanate	556-61-6	500	
Methyl Mercaptan (Methanethiol) (Thiomethanol)	74-93-1	500	b
Methyl Parathion (Parathion Methyl)	298-00-0	100/10,000[1]	
Methyl Phosphonic Dichloride	676-97-1	100	
Methyl Thiocyanate (Thiocyanic Acid, Methyl Ester)	556-64-9	10,000	b
Methyl Vinyl Ketone	78-94-4	10	
Methylamine (Methanamine)	74-89-5	10,000	f
Methylmercuric Dicyanamide	502-39-6	500/10,000[1]	
2-Methylpropene (1-Propene, 2-Methyl-)	115-11-7	10,000	f
Methyltrichlorosilane (Trichloromethylsilane)	75-79-6	500	b
Metolcarb	1129-41-5	100/10,000[1]	
Mexacarbate	315-18-4	500/10,000[1]	
Mitomycin C	50-07-7	500/10,000[1]	
Monocrotophos	6923-22-4	10/10,000[1]	
Muscimol (5-(Aminomethyl)-3-Isoxazolol)	2763-96-4	500/10,000[1]	
* Mustard Gas (2,2'- Dichloroethyl Sulfide)	505-60-2	500	
Nickel Carbonyl (Nickel Tetracarbonyl)	13463-39-3	1	b
Nicotine Sulfate	65-30-5	100/10,000[1]	
Nitric Acid	7697-37-2	1,000	b
Nitric Oxide (Nitrogen Monoxide (NO))	10102-43-9	100	b
* Nitrobenzene	98-95-3	10,000	
Nitrogen Dioxide	10102-44-0	100	
* Nitrogen Mustard (Mechlorethamine)	51-75-2	10	
Norbormide	991-42-4	100/10,000[1]	
Oleum (Fuming Sulfuric Acid) (Sulfuric Acid, mixture with Sulfur Trioxide)[5]	8014-95-7	10,000	e
Organorhodium Complex (PMN-82-147)	MIXTURE	10/10,000[1]	
Ouabain	630-60-4	100/10,000[1]	
Oxamyl	23135-22-0	100/10,000[1]	
Ozone	10028-15-6	100	
Paraquat Methosulfate	2074-50-2	10/10,000[1]	
Paraquat (Paraquat Dichloride)	1910-42-5	10/10,000[1]	
Paris Green (Cupric Acetoarsenite)	12002-03-8	500/10,000[1]	
Pentaborane	19624-22-7	500	
Pentadecylamine	2570-26-5	100/10,000[1]	
1,3-Pentadiene	504-60-9	10,000	f
Pentane	109-66-0	10,000	g
1-Pentene	109-67-1	10,000	g
2-Pentene, (E)-	646-04-8	10,000	g
2-Pentene, (Z)-	627-20-3	10,000	g
Peracetic Acid (Ethaneperoxoic Acid) (Peroxyacetic Acid)	79-21-0	500	b
Perchloromethylmercaptan (Trichloromethanesulfonyl Chloride)	594-42-3	500	b
Phenol	108-95-2	500/10,000[1]	
Phenol, 2,2'-Thiobis(4-Chloro-6-Methyl)	4418-66-0	100/10,000[1]	
Phenol, 3-(1-Methylethyl)-, Methylcarbamate	64-00-6	500/10,000[1]	
Phenoxarsine, 10, 10' - Oxydi-	58-36-6	500/10,000[1]	
* Phenyldichloroarsine (Dichlorophenylarsine) (Lewisite Variant)	696-28-6	500	
Phenylhydrazine Hydrochloride	59-88-1	1,000/10,000[1]	
Phenylmercury Acetate	62-38-4	500/10,000[1]	
Phenylsilatrane	2097-19-0	100/10,000[1]	
Phenylthiourea	103-85-5	100/10,000[1]	
* Phorate	298-02-2	10	
Phosacetim	4104-14-7	100/10,000[1]	
Phosfolan	947-02-4	100/10,000[1]	
Phosgene (Carbonyl Chloride) (Carbonic Dichloride)	75-44-5	10	a,b
Phosmet	732-11-6	10/10,000[1]	
Phosphine (Hydrogen Phosphide)	7803-51-2	500	b
* Phosphonothioic Acid, Methyl-,S-(2-(Bis (1-Methylethyl)Amino)Ethyl) O-Ethyl Ester	50782-69-9	100	
Phosphorus	7723-14-0	100	
Phosphorus Oxychloride	10025-87-3	500	b
Phosphorus Pentachloride	10026-13-8	500	
Phosphorus Trichloride	7719-12-2	1,000	b
Physostigmine	57-47-6	100/10,000[1]	
Physostigmine, Salicylate (1:1)	57-64-7	100/10,000[1]	
Picrotoxin	124-87-8	500/10,000[1]	
Piperidine	110-89-4	1,000	b
Potassium Arsenite	10124-50-2	500/10,000[1]	
Potassium Cyanide	151-50-8	100	
Potassium Silver Cyanide	506-61-6	500	
Promecarb	2631-37-0	500/10,000[1]	
Propadiene (1,2-Propadiene)	463-49-0	10,000	f
Propane	74-98-6	10,000	f
Propargyl Bromide (3-Bromopropyne)	106-96-7	10	
* beta-Propiolactone	57-57-8	500	
Propionitrile (Propanenitrile)(Ethyl Cyanide)	107-12-0	500	b
Propiophenone, 4'-Amino-	70-69-9	100/10,000[1]	
Propyl Chloroformate (Carbonochloridic Acid, Propylester)	109-61-5	500	b
Propylene (1-Propene)	115-07-1	10,000	f
Propylene Oxide (Methyloxirane)	75-56-9	10,000	b
Propyleneimine (2-Methylaziridine)	75-55-8	10,000	b
Propyne (1-Propyne)	74-99-7	10,000	f
Prothoate	2275-18-5	100/10,000[1]	
Pyrene	129-00-0	1,000/10,000[1]	
Pyridine, 4-Amino-	504-24-5	500/10,000[1]	
Pyridine, 4-Nitro-, 1-Oxide	1124-33-0	500/10,000[1]	
Pyriminil	53558-25-1	100/10,000[1]	
Salcomine	14167-18-1	500/10,000[1]	
* Sarin	107-44-8	10	
Selenious Acid	7783-00-8	1,000/10,000[1]	
Semicarbazide Hydrochloride	563-41-7	1,000/10,000[1]	
Silane	7803-62-5	10,000	f
Sodium Arsenate	7631-89-2	1,000/10,000[1]	
Sodium Arsenite	7784-46-5	500/10,000[1]	
Sodium Azide (Na (N3))	26628-22-8	500	
Sodium Cacodylate	124-65-2	100/10,000[1]	
Sodium Cyanide (Na (CN))	143-33-9	100	
Sodium Fluoroacetate	62-74-8	10/10,000[1]	
Sodium Selenate	13410-01-0	100/10,000[1]	
Sodium Selenite	10102-18-8	100/10,000[1]	
Sodium Tellurite	10102-20-2	500/10,000[1]	
Stannane, Acetoxytriphenyl-	900-95-8	500/10,000[1]	
Strychnine	57-24-9	100/10,000[1]	
Strychnine, Sulfate	60-41-3	100/10,000[1]	
Sulfur Dioxide (Anhydrous)	7446-09-5	500	a,b
Sulfur Tetrafluoride	7783-60-0	100	b
* Sulfuric Acid[3]	7664-93-9	1,000	
* Tabun	77-81-6	10	
Tellurium Hexafluoride	7783-80-4	100	
Tetrafluoroethylene (Ethene, Tetrafluoro-)	116-14-3	10,000	f
Tetramethyllead (Tetramethylplumbane)	75-74-1	100	b
Tetramethylsilane (Silane, Tetramethyl-)	75-76-3	10,000	g
Tetranitromethane (Methane, Tetranitro-)	509-14-8	500	b
Thallium Sulfate	10031-59-1	100/10,000[1]	
Thallous Carbonate (Thallium (1) Carbonate)	6533-73-9	100/10,000[1]	
Thallous Chloride (Thallium Chloride)	7791-12-0	100/10,000[1]	
Thallous Malonate (Thallium Malonate)	2757-18-8	100/10,000[1]	
Thallous Sulfate	7446-18-6	100/10,000[1]	
Thiocarbazide	2231-57-4	1,000/10,000[1]	
Thiofanox	39196-18-4	100/10,000[1]	
Thiosemicarbazide	79-19-6	100/10,000[1]	
Thiourea, (2-Chlorophenyl)-	5344-82-1	100/10,000[1]	
Thiourea, (2-Methylphenyl)-	614-78-8	500/10,000[1]	
Titanium Tetrachloride	7550-45-0	100	b
Toluene-2,6-Diisocyanate (1,3-Diisocyanato-2-Methylbenzene)[5]	91-08-7	100	a
Toluene-2,4-Diisocyanate (2,4-Diisocyanato-1-Methylbenzene)[5]	584-84-9	500	a
Toluene Diisocyanate (unspecified isomer) (Benzene,1,3-Diisocyanatomethyl-)[5]	26471-62-5	10,000	a
Triamiphos	1031-47-6	500/10,000[1]	
Trichloro(Chloromethyl)Silane	1558-25-4	100	
Trichloro(Dichlorophenyl)Silane	27137-85-5	500	
Trichlorosilane (Silane, Trichloro-)	10025-78-2	10,000	g
Triethoxysilane	998-30-1	500	
Trifluorochloroethylene	79-38-9	10,000	f
Trimethylamine (Methanamine, N,N-dimethyl-)	75-50-3	10,000	f
Trimethylchlorosilane (Chlorotrimethylsilane)	75-77-4	1,000	b
Trimethylolpropane Phosphite	824-11-3	100/10,000[1]	

CalARP PROGRAM REGULATED SUBSTANCES LIST

CHEMICAL NAME	CAS #	TQ (lbs)	Listing Basis
Trimethyltin Chloride	1066-45-1	500/10,000[1]	
Triphenyltin Chloride	639-58-7	500/10,000[1]	
* Tris(2-Chloroethyl)Amine	555-77-1	100	
Valinomycin	2001-95-8	1,000/10,000[1]	
Vanadium Pentoxide	1314-62-1	100/10,000[1]	
Vinyl Acetate Monomer (Vinyl Acetate) (Acetic Acid, Ethenyl Ester)	108-05-4	1,000	b
Vinyl Acetylene (1-Buten-3-Yne)	689-97-4	10,000	f
Vinyl Chloride (Ethene, Chloro-)	75-01-4	10,000	a,f
Vinyl Ethyl Ether (Ethene, Ethoxy-)	109-92-2	10,000	g
Vinyl Fluoride (Ethene, Fluoro-)	75-02-5	10,000	f
Vinyl Methyl Ether (Ethene, Methoxy-)	107-25-5	10,000	f
Vinylidene Chloride (Ethene, 1,1-Dichloro-)	75-35-4	10,000	g
Vinylidene Fluoride (Ethene, 1,1-Difluoro-)	75-38-7	10,000	f
Warfarin	81-81-2	500/10,000[1]	
Warfarin Sodium (Coumadin) (Sodium salt)	129-06-6	100/10,000[1]	
Xylylene Dichloride	28347-13-9	100/10,000[1]	
Zinc, Dichloro(4,4-Dimethyl-5((((Methylamino) Carbonyl)Oxy)Imino)Pentanenitrile)-, (T-4)-	58270-08-9	100/10,000[1]	
Zinc Phosphide	1314-84-7	500	

* Substances delisted failing physical criteria test and relisted pursuant to health impacts.

[1] These extremely hazardous substances are solids. The lesser quantity listed applies only if in powdered form and with a particle size of less than 100 microns; or if handled in solution or in molten form; or the substance has an NFPA rating for reactivity of 2, 3, or 4. Otherwise, a 10,000 pound threshold applies.

[2] Appropriate synonyms or mixtures of regulated substances with the same CAS number are also regulated, e.g., anhydrous ammonia,formalin.

[3] Sulfuric acid is a State Regulated Substance only under the following conditions:

a. If concentrated with greater than 100 pounds of sulfur trioxide or the acid meets the definition of oleum. (The threshold for sulfur trioxide is 100 pounds.) (The threshold for oleum is 10,000 pounds.)

b. If in a container with flammable hydrocarbons (flash point < 73° F).

[4] Hydroquinone is exempt in crystalline form.

[5] The mixture exemption in Section 2770.2(b)(1) does not apply to the Substance.

LEGEND: Basis for Listing:

a. Mandated for listing by Congress.
b. On EHS list, vapor pressure 10 mmHg or greater.
c. Toxic gas.
d. Toxicity of hydrogen chloride, potential to release hydrogen chloride, and history of accidents.
e. Toxicity of sulfur trioxide and sulfuric acid, potential to release sulfur trioxide, and history of accidents.
f. Flammable gas.
g. Volatile flammable liquid.

III. UNDERGROUND STORAGE TANK SECTION

To be completed by all persons or businesses that own or operate an underground storage tank

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Be advised that appropriate signatures must be provided on forms.

This section includes:

- OPERATING PERMIT APPLICATION – FACILITY INFORMATION
- OPERATING PERMIT APPLICATION – TANK INFORMATION

  One tank per page. Make photocopies as necessary.
- CERTIFICATION OF INSTALLATION / MODIFICATION
- MONITORING PLAN--Complete Section II of the Consolidated Contingency Plan

Be advised that this Emergency Response and Monitoring Plan must be kept at the UST location at all times. The local UST agency, CUPA or PA, must be notified within 30 days of any changes to the monitoring procedures. Consult your local UST agency for additional information on State and any local regulatory requirements concerning this Plan.

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION – FACILITY INFORMATION

(One form per facility)

TYPE OF ACTION (Check one item only) ☐ 1. NEW PERMIT ☐ 5. CHANGE OF INFORMATION ☐ 7. PERMANENT FACILITY CLOSURE ☐ 3. RENEWAL PERMIT ☐ 6. TEMPORARY FACILITY CLOSURE ☐ 9. TRANSFER PERMIT — 400.

I. FACILITY INFORMATION

TOTAL NUMBER OF USTs AT FACILITY 404. | FACILITY ID # (Agency Use Only) — — 1.

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3.

BUSINESS SITE ADDRESS 103. | CITY 104.

FACILITY TYPE ☐ 1. MOTOR VEHICLE FUELING ☐ 2. FUEL DISTRIBUTION ☐ 3. FARM ☐ 4. PROCESSOR ☐ 6. OTHER 403.

Is the facility located on Indian Reservation or Trust lands? ☐ Yes ☐ No 405.

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407. | PHONE 408. ( )

MAILING ADDRESS 409.

CITY 410. | STATE 411. | ZIP CODE 412.

III. TANK OPERATOR INFORMATION

TANK OPERATOR NAME 428-1. | PHONE 428-2 ( )

MAILING ADDRESS 428-3

CITY 428-4 | STATE 428-5 | ZIP CODE 428-6

IV. TANK OWNER INFORMATION

TANK OWNER NAME 414. | PHONE 415. ( )

MAILING ADDRESS 416.

CITY 417. | STATE 418. | ZIP CODE 419.

OWNER TYPE: ☐ 4. LOCAL AGENCY/DISTRICT ☐ 5. COUNTY AGENCY ☐ 6. STATE AGENCY ☐ 7. FEDERAL AGENCY ☐ 8. NON-GOVERNMENT 420.

V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44- | Call the State Board of Equalization, Fuel Tax Division, if there are questions. 421.

VI. PERMIT HOLDER INFORMATION

Issue permit and send legal notifications and mailings to: ☐ 1. FACILITY OWNER ☐ 4. TANK OPERATOR ☐ 3. TANK OWNER ☐ 5. FACILITY OPERATOR 423

SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required For Public Agencies Only) 406.

VII. APPLICANT SIGNATURE

CERTIFICATION: I certify that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE | DATE 424. | PHONE 425. ( )

APPLICANT NAME (print) 426. | APPLICANT TITLE 427

UST Operating Permit Application – Facility Information Page 1 Instructions
(Formerly SWRCB UST Permit Application Form A and UPCF Form hwfwrc-a)

Complete this form for all new permits, permit changes, or facility information changes. This form must be submitted within 30 days of permit or facility information changes, unless your local agency requires approval prior to making the changes. For changes, submit only that form that contains the change.

Submit one UST Operating Permit Application – Facility Information form per facility, regardless of the number of USTs located at the facility. If not already on file with the local agency, the tank owner must submit with this form, a current UST Operating Permit Application – Tank Information form for each UST; a UST Monitoring Plan and a UST Response Plan pursuant to 23 CCR 2632, 2634 and 2641; and, for USTs containing petroleum, a certification of financial responsibility pursuant to 23 CCR 2807.

The following documents, at a minimum, are also required, if applicable (check with your local agency to see if they require submittal or if there are other forms/information needed):

- ☐ Written agreement between UST Owner and UST Operator per Health and Safety Code §25284(a)(3);
- ☐ Letter from the Chief Financial Officer (if using State Cleanup Fund, financial test of self-insurance, guarantee, local government financial test, or Local Government Fund as a financial responsibility mechanism).

Please number all pages of your submittal. (Note: Numbering of these instructions matches the data element numbers on the form.)

400. TYPE OF ACTION – Check the reason this form is being submitted. CHECK ONE ITEM ONLY.
404. TOTAL NUMBER OF USTs AT SITE – Indicate the number of tanks that will remain on the site after the requested action.
1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete Business Name. (Same as FACILITY NAME or DBA (Doing Business As)).
103. BUSINESS SITE ADDRESS – Enter the address of the physical location of the facility..
104. CITY – Enter the city or unincorporated area in which the facility is located.
403. FACILITY TYPE – Indicate the type of facility.
405. INDIAN RESERVATION OR TRUST LANDS – Check whether the facility is located on an Indian reservation or other trust lands.
407. PROPERTY OWNER NAME –
408. PROPERTY OWNER PHONE –
409. PROPERTY OWNER MAILING ADDRESS –
410. PROPERTY OWNER CITY –
411. PROPERTY OWNER STATE –
412. PROPERTY OWNER ZIP CODE –

Complete items 407 - 412 for the property owner. Include the area code and any extension number.

428-1. TANK OPERATOR NAME –
428-2. TANK OPERATOR PHONE –
428-3. TANK OPERATOR MAILING ADDRESS –
428-4. TANK OPERATOR CITY –
428-5. TANK OPERATOR STATE –
428-6. TANK OPERATOR ZIP CODE –

Complete items 428-1 to 428-6 for the UST operator. Include the area code and any extension number.

414. TANK OWNER NAME –
415. TANK OWNER PHONE –
416. TANK OWNER MAILING ADDRESS –
417. TANK OWNER CITY –
418. TANK OWNER STATE –
419. TANK OWNER ZIP CODE –

Complete items 414 - 419 for the UST owner. Include the area code and any extension number.

420. TANK OWNER TYPE – Check the type of tank ownership.
421. BOE NUMBER – Enter your State Board of Equalization (BOE) UST storage fee account number. This fee applies to regulated USTs storing petroleum products and is required before your permit application will be processed. If you do not have an account number with the BOE, or if you have any questions regarding the fee or exemptions, contact the BOE at (916) 322-9669 or by mail at: Board of Equalization, Fuel Taxes Division, PO Box 942879, Sacramento, CA 94279-0030.
423. PERMIT HOLDER INFORMATION – Indicate the party to whom the UST operating permit is to be issued and legal notifications and mailings should be sent.
406. SUPERVISOR OF DIVISION SECTION OR OFFICE SUPERVISOR – If the facility owner is a public agency, enter the name of the supervisor of the division section or office that operates the UST. This person must have access to the UST records.

APPLICANT SIGNATURE – The application form must be signed, in the space provided, by:

- The UST owner or operator, facility owner or operator, or a duly authorized representative of the owner; or
- If the UST(s) is/are owned by a corporation, partnership, or public agency:
  1.) A principal executive officer at the level of vice-president or by an authorized representative responsible for the overall operation of the facility where the UST(s) is/are located; or
  2.) A general partner or proprietor; or
  3.) A principal executive officer, ranking elected official, or authorized representative of a public agency.

424. DATE – Enter the date the form was signed.
425. PHONE – Enter the phone number of the applicant (i.e., person signing the form). Include the area code and any extension number.
426. APPLICANT NAME – Print or type the full name of the person signing the form.
427. APPLICANT TITLE – Enter the title of the person signing the form.

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION – TANK INFORMATION (One form per UST)

TYPE OF ACTION (Check one item. For an UST permanent closure or removal, complete only this section and Sections I, II, III, IV, and IX below) 430
☐ 1. NEW PERMIT ☐ 3. RENEWAL PERMIT ☐ 5. CHANGE OF INFORMATION
☐ 6. TEMPORARY UST CLOSURE ☐ 7. UST PERMANENT CLOSURE ON SITE ☐ 8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: 430a | DATE EXISTING UST DISCOVERED: 430b

I. FACILITY INFORMATION

FACILITY ID # (*Agency Use Only*) 1

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3

BUSINESS SITE ADDRESS 103 | CITY 104

II. TANK DESCRIPTION

TANK ID # 432 | TANK MANUFACTURER 433 | TANK CONFIGURATION: THIS TANK IS 434
☐ 1. A STAND-ALONE TANK
☐ 2. ONE IN A COMPARTMENTED UNIT .
Complete one page for each compartment in the unit.

DATE UST SYSTEM INSTALLED 435 | TANK CAPACITY IN GALLONS 436 | NUMBER OF COMPARTMENTS IN THE UNIT 437

III. TANK USE AND CONTENTS

TANK USE 439
☐ 1a. MOTOR VEHICLE FUELING ☐ 1b. MARINA FUELING ☐ 1c. AVIATION FUELING
☐ 3. CHEMICAL PRODUCT STORAGE ☐ 4. HAZARDOUS WASTE (Includes Used Oil) ☐ 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)]
☐ 6. OTHER GENERATOR FUEL ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 439a

CONTENTS PETROLEUM: 440
☐ 1a. REGULAR UNLEADED ☐ 1c. MIDGRADE UNLEADED ☐ 1b. PREMIUM UNLEADED
☐ 3. DIESEL ☐ 5. JET FUEL ☐ 6. AVIATION GAS
☐ 8. PETROLEUM BLEND FUEL ☐ 9. OTHER PETROLEUM (Specify): 440a

NON-PETROLEUM:
☐ 7. USED OIL ☐ 10. ETHANOL
☐ 11. OTHER NON-PETROLEUM (Specify): 440b

IV. TANK CONSTRUCTION

TYPE OF TANK ☐ 1. SINGLE WALL ☐ 2. DOUBLE WALL ☐ 95. UNKNOWN 443

PRIMARY CONTAINMENT 444
☐ 1. STEEL ☐ 3. FIBERGLASS ☐ 6. INTERNAL BLADDER
☐ 7. STEEL + INTERNAL LINING ☐ 95. UNKNOWN ☐ 99. OTHER (Specify):

SECONDARY CONTAINMENT 445
☐ 1. STEEL ☐ 3. FIBERGLASS ☐ 6. EXTERIOR MEMBRANE LINER ☐ 7. JACKETED
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify):

OVERFILL PREVENTION 452.
☐ 1. AUDIBLE & VISUAL ALARMS ☐ 2. BALL FLOAT ☐ 3. FILL TUBE SHUT-OFF VALVE
☐ 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION ☐ 1. SINGLE-WALLED ☐ 2. DOUBLE-WALLED ☐ 99. OTHER 460

SYSTEM TYPE ☐ 1. PRESSURE ☐ 2. GRAVITY ☐ 3. CONVENTIONAL SUCTION ☐ 4. SAFE SUCTION [23 CCR §2636(a)(3)] 458

PRIMARY CONTAINMENT 464
☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER(Specify):

SECONDARY CONTAINMENT 464b
☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify):

PIPING/TURBINE CONTAINMENT SUMP TYPE ☐ 1. SINGLE WALL ☐ 2. DOUBLE WALL ☐ 90. NONE 464d

VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION

VENT PRIMARY CONTAINMENT ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 99. OTHER (Specify) 464e 464e1

VENT SECONDARY CONTAINMENT ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 99. OTHER (Specify) 464f

VR SECONDARY CONTAINMENT ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 99. OTHER (Specify) 464h 464h1

VENT PIPING TRANSITION SUMP TYPE ☐ 1. SINGLE WALL ☐ 2. DOUBLE WALL ☐ 90. NONE 464i.

RISER PRIMARY CONTAINMENT ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 99. OTHER (Specify) 464j

RISER SECONDARY CONTAINMENT ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 99. OTHER (Specify) 464k 464k1

FILL COMPONENTS INSTALLED ☐ 1. SPILL BUCKET ☐ 3. STRIKER PLATE/BOTTOM PROTECTOR ☐ 4. CONTAINMENT SUMP 451a-c

VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE ☐ 1. SINGLE WALL ☐ 2. DOUBLE WALL ☐ 3. NO DISPENSERS ☐ 90. NONE 469a

CONSTRUCTION MATERIAL ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 99. OTHER (Specify) 469b-c

VIII. CORROSION PROTECTION

STEEL COMPONENT PROTECTION ☐ 2. SACRIFICIAL ANODE(S) ☐ 4. IMPRESSED CURRENT ☐ 6. ISOLATION 448.

IX. APPLICANT SIGNATURE

CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE | DATE 470.

APPLICANT NAME (print) 471. | APPLICANT TITLE 472.

UST Operating Permit Application – Tank Information Instructions

(Formerly SWRCB Permit Application Form B and UPCF Form hwfwrc-b)

Complete a separate form of each UST or compartment for new permits, permit changes, and changes in system information. Submit this form within 30 days of any changes to the permit or system information, unless exempted from your local agency. For a UST permanent closure or removal, complete only TYPE OF ACTION and Sections I, II, III, IV, and IX. (Note: Numbering of these instructions matches the data element numbers on the form.)

430. TYPE OF ACTION – Check the appropriate box to indicate why this form is being submitted.
430a. DATE UST PERMANENTLY CLOSED – For reporting closure only: enter the date the UST was removed or closed on site.
430b. DATE EXISTING UST DISCOVERED – Enter the date this UST was discovered. Leave blank if installation date is known.
1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete facility name.
103. BUSINESS SITE ADDRESS – Enter the street address for the physical location of the facility. Post office box numbers are not acceptable.
104. CITY – Enter the city or unincorporated area in which the facility is located.
432. TANK ID # – The state tank identification number is the unique identifier for the tank.
433. TANK MANUFACTURER – Enter the name of the company that manufactured the tank.
434. TANK CONFIGURATION. Check the appropriate box for a stand-alone tank or one in a compartmented unit.
435. DATE UST SYSTEM INSTALLED – Enter the date of initial tank system installation and approval by the local agency, otherwise leave blank.
436. TANK CAPACITY IN GALLONS: For compartmentalized tanks, enter data for the compartment covered by this tank form only.
437. NUMBER OF COMPARTMENTS IN THE UNIT: Enter the total number of compartments in the unit.
439. TANK USE – Check the type of tank usage.
439a. If you checked "Other" specify the type of tank usage in the space provided.
440. TANK CONTENTS – Check the specific petroleum or non-petroleum substance stored.
440a. If you checked "Other Petroleum" specify the common name written on Form 2371—Hazardous Materials Inventory Chemical Description.
440b. If you checked "Other" Non-petroleum, specify the common name written on Form 2371—Hazardous Materials Inventory Chemical Description.
443. TYPE OF TANK – Check the box that identifies the type of tank.
444. TANK PRIMARY CONTAINMENT – Check the construction material of the primary containment (i.e., inner tank wall nearest the hazardous substance stored). If the tank material is not listed, check "Other" and specify the material in the space provided.
444a. If you checked "Other" specify the type of primary containment in the space provided.
445. TANK SECONDARY CONTAINMENT – Check the construction material of the secondary containment that provides containment external to, and separate from, the primary containment described above. If the tank is a single-wall tank, check "None." If the material is not listed, check "Other" and specify the material in the space provided (e.g., HDPE).
445a. If you checked "Other" specify the type of secondary containment in the space provided.
452 OVERFILL PREVENTION – Check the box(es) to describe the type(s) of overfill protection equipment installed.
458. PIPING SYSTEM TYPE – Check the type of product/waste piping installed in this tank system. "Safe suction" refers to piping systems meeting all requirements of 23 CCR §2636(a)(3) (also known as "European Suction" systems) (i.e., sloped suction piping systems with no valves or pumps below grade and only one check valve, located below and as close as practical to the suction pump). Visit CCR at www.calregs.com.
460. PIPING CONSTRUCTION-Indicate if the piping is single-walled or double-walled, or "other".
464. PIPING PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) underground product/waste piping.
464a. If you checked "Other" specify the type of primary containment in the space provided.
464b. PIPING SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (i.e., secondary piping, trench) provided for the product/waste piping. For single-wall piping systems, check "None."
464c. If you checked "Other" specify the type of secondary containment in the space provided.
464d. PIPING/TURBINE CONTAINMENT SUMP TYPE – Indicate the type of piping/turbine containment sump(s). Check "None" if not present.
464e-e1 VENT PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) vent piping. (Note: Address venting of the tank primary containment only.) Specify Other type of containment in the space provided.
464f-f1 VENT SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (e.g., secondary piping,) provided for the vent piping. For single-wall piping systems, check "None." (Note: Address venting of the tank primary containment only.) Specify Other type of containment in the space provided.
464g-g1 VR PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) vapor recovery piping. For tanks without vapor recovery piping (e.g., Diesel tanks), check "None." Specify Other type of containment in the space provided.
464h-h1 VR SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (e.g., secondary piping) provided for the vapor recovery piping. For single-wall piping systems, check "None." Specify Other type of containment in the space provided.
464i. VENT PIPING TRANSITION SUMP TYPE – Indicate type of transition sump(s). Check "None" if not present.
464j-j1 RISER PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) piping for all risers (not drop tubes) other than annular space risers (i.e., risers for filling or gauging of the primary tank). Specify Other type of containment in the space provided.
464k-k1 RISER SECONDARY CONTAINMENT – Check the material(s) used to construct secondary containment system(s) (i.e., secondary piping, sumps) provided for the riser piping. For risers without secondary containment, check "None." Specify Other type of containment in the space provided.
451a-c. FILL COMPONENTS INSTALLED – Check the appropriate boxes to show that spill containment, tank bottom protection, and fill containment sumps (if applicable) are installed.
469a. UDC CONSTRUCTION TYPE – Check the box to describe the type of dispenser containment system(s) (i.e., dispenser sumps or pans). If the system has no dispensers (e.g., standby generator tank system), check "No Dispensers." If the system has a dispenser, but no UDC, check "None".
469b. UDC CONSTRUCTION MATERIAL – Check the box to describe the materials used to construct the UDC.
469c. If you checked "Other" specify the construction material in the space provided.
448. STEEL COMPONENT PROTECTION – All systems contain some steel components. Check the appropriate box(es) to describe all corrosion protection methods used. "Isolation" means electrical isolation from soil, backfill, and groundwater. Examples include fiberglass cladding, non-metallic secondary containment systems which isolate steel components from the sub-surface environment, and insulating bushings.
APPLICANT SIGNATURE – The same person who signs the UST Operating Permit Application – Facility Information Form shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true and accurate, and that the UST system is compatible with the hazardous substance stored.
470. DATE – Enter the date the form was signed.
471. APPLICANT NAME – Print or type the name of the person signing the form.
472. APPLICANT TITLE – Enter the title of the person signing the form.

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
CERTIFICATION OF INSTALLATION / MODIFICATION

I. FACILITY INFORMATION

FACILITY ID # *(Agency Use Only)* — 1.

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) — 3.

BUSINESS SITE ADDRESS — 103.

CITY — 104.

II. INSTALLATION / MODIFICATION PROJECT DESCRIPTION

TYPE OF PROJECT (Check all that apply) — 483a.

- ☐ 1. TANK INSTALLATION OR REPLACEMENT
- ☐ 2. PIPING INSTALLATION OR REPLACEMENT
- ☐ 3. SUMP INSTALLATION OR REPLACEMENT
- ☐ 4. UNDER DISPENSER CONTAINMENT INSTALLATION OR REPLACEMENT
- ☐ 5. OTHER

WORK AUTHORIZED UNDER PERMIT (Number or Date): — 483b.

DESCRIPTION OF WORK BEING CERTIFIED: — 483c

III. CONTRACTOR INFORMATION

NAME OF CONTRACTOR WHO PERFORMED INSTALLATION / MODIFICATION — 482a.

CONTRACTOR LICENSE # — 482b.

ICC CERTIFICATION # — 482c.

IV. CERTIFICATION

I certify that the information provided herein is true, accurate, aud that the following conditions have been satisfied:

- The installer has met the requirements set forth in 23 CCR §2715, subdivisions (g) and (h).
- The underground storage tank, any primary piping, and any secondary containment was installed according to applicable voluntary consensus standards and any manufacturer's written installation instructions.
- All work listed in the manufacturer's installation checklist has been completed.
- The installation has been inspected and approved by the local agency, or if required by the local agency, inspected and certified by a registered professional engineer having education and experience with underground storage tank system installations.

SIGNATURE OF TANK OWNER OR OWNER'S AGENT

DATE — 484.

PHONE ( ) — 487.

CERTIFIER'S NAME (print) — 485

CERTIFIER'S TITLE: — 486.

NAME OF CERTIFIER'S EMPLOYER (DBA) — 488

CERTIFIER'S RELATIONSHIP TO TANK OWNER — 489.

- ☐ 1. TANK OWNER
- ☐ 2. TANK OPERATOR
- ☐ 3. CONTRACTOR
- ☐ 4. PROPERTY OWNER
- ☐ 5. OTHER AUTHORIZED AGENT OF TANK OWNER

UST Certification of Installation / Modification Form Instructions

This Certification form must be submitted upon the completion of installation or upgrading of tanks and/or piping associated with a UST system. Installation or upgrading of multiple tank systems may be addressed on one form. The UST owner or an authorized representative of the owner must complete this form. (Note: Numbering of these instructions follows the UPCF data element numbers on the Certification form.)

1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete Facility Name.
103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.
104. CITY – Enter the city or unincorporated area in which the facility is located.
482a. NAME OF CONTRACTOR WHO PERFORMED INSTALLATION / MODIFICATION – Enter the name of the contractor who performed the work as registered with the Contractors State License Board (CSLB).
482b. CONTRACTOR LICENSE # – For the contractor named above, enter the license number assigned by the Contractors State License Board (license information is available online at www.cslb.ca.gov).
482c. ICC CERTIFICATION # – Enter the International Code Council (ICC) "UST Installation/Retrofitting" certification number possessed by the contractor.
483a. TYPE OF PROJECT – Check the appropriate box(es) to indicate the type of work performed. Address each system component individually (i.e., for installation of a complete motor vehicle fueling UST system, check boxes 1 through 4).
483b. WORK AUTHORIZED UNDER PERMIT (Number or Date) – Enter the number of the permit issued by the local agency, or if no permit number, the date the permit or project approval was issued for the work being certified.
483c.. DESCRIPTION OF WORK BEING CERTIFIED – In the space provided, briefly describe the work performed. Include the number and type of UST systems installed or upgraded and the scope of work (e.g., "Installation of piping sumps and under dispenser containment, and replacement of product and vapor recovery piping associated with one 12,000 gallon regular unleaded and one 8,000 gallon premium unleaded motor vehicle fuel tank.").

SIGNATURE OF TANK OWNER OR OWNER'S AGENT – The tank owner or an authorized agent of the owner shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is true and accurate.

484. DATE CERTIFIED – Enter the date the form was signed.
485. CERTIFIER'S NAME – Enter the full printed name of the person signing the form.
486. CERTIFIER'S TITLE – Enter the title of the person signing the form.
487. PHONE – Enter the phone number of the person signing the certification. Include the area code and any extension number.
488. NAME OF CERTIFIER'S EMPLOYER – Enter the name (DBA) of the employer of the person signing the form. If the tank owner is an individual, and the owner signs the Certification, note "N/A" (Not Applicable) in this space.
489. CERTIFIER'S RELATIONSHIP TO TANK OWNER – Check the appropriate box to indicate the nature of the relationship between the person signing the form and the tank owner.

Appendix VI

(Copies of Monitoring System Certification form and UST Monitoring Plot Plan available at http://www.swrcb.ca.gov.)

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

General Information

Facility Name: _____ Bldg. No.:_____

Site Address: _____ City: _____ Zip: _____

Facility Contact Person: _____ Contact Phone No.: (_____)_____

Make/Model of Monitoring System: _____ Date of Testing/Servicing: ____/____/_____

Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID: _____	**Tank ID:** _____
☐ In-Tank Gauging Probe. Model: _____	☐ In-Tank Gauging Probe. Model: _____
☐ Annular Space or Vault Sensor. Model: _____	☐ Annular Space or Vault Sensor. Model: _____
☐ Piping Sump / Trench Sensor(s). Model: _____	☐ Piping Sump / Trench Sensor(s). Model: _____
☐ Fill Sump Sensor(s). Model: _____	☐ Fill Sump Sensor(s). Model: _____
☐ Mechanical Line Leak Detector. Model: _____	☐ Mechanical Line Leak Detector. Model: _____
☐ Electronic Line Leak Detector. Model: _____	☐ Electronic Line Leak Detector. Model: _____
☐ Tank Overfill / High-Level Sensor. Model: _____	☐ Tank Overfill / High-Level Sensor. Model: _____
☐ Other (specify equipment type and model in Section E on Page 2).	☐ Other (specify equipment type and model in Section E on Page 2).
Tank ID: _____	**Tank ID:** _____
☐ In-Tank Gauging Probe. Model: _____	☐ In-Tank Gauging Probe. Model: _____
☐ Annular Space or Vault Sensor. Model: _____	☐ Annular Space or Vault Sensor. Model: _____
☐ Piping Sump / Trench Sensor(s). Model: _____	☐ Piping Sump / Trench Sensor(s). Model: _____
☐ Fill Sump Sensor(s). Model: _____	☐ Fill Sump Sensor(s). Model: _____
☐ Mechanical Line Leak Detector. Model: _____	☐ Mechanical Line Leak Detector. Model: _____
☐ Electronic Line Leak Detector. Model: _____	☐ Electronic Line Leak Detector. Model: _____
☐ Tank Overfill / High-Level Sensor. Model: _____	☐ Tank Overfill / High-Level Sensor. Model: _____
☐ Other (specify equipment type and model in Section E on Page 2).	☐ Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: _____	**Dispenser ID:** _____
☐ Dispenser Containment Sensor(s). Model: _____	☐ Dispenser Containment Sensor(s). Model: _____
☐ Shear Valve(s).	☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).	☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID: _____	**Dispenser ID:** _____
☐ Dispenser Containment Sensor(s). Model: _____	☐ Dispenser Containment Sensor(s). Model: _____
☐ Shear Valve(s).	☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).	☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID: _____	**Dispenser ID:** _____
☐ Dispenser Containment Sensor(s). Model: _____	☐ Dispenser Containment Sensor(s). Model: _____
☐ Shear Valve(s).	☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s	☐ Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; *(check all that apply)*: ☐ **System set-up** ☐ **Alarm history report**

echnician Name (print): _____ Signature: _____

Certification No.: _____ **License. No.:** _____

esting Company Name: _____ Phone No.:(_____)_____

esting Company Address: _____ Date of Testing/Servicing: ____/____/_____

Results of Testing/Servicing

ftware Version Installed: _____

mplete the following checklist:

] Yes	☐ No*		Is the audible alarm operational?
] Yes	☐ No*		Is the visual alarm operational?
] Yes	☐ No*		Were all sensors visually inspected, functionally tested, and confirmed operational?
] Yes	☐ No*		Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
] Yes	☐ No*	☐ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
] Yes	☐ No*	☐ N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? *(Check all that apply)* ☐ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☐ Yes; ☐ No.
] Yes	☐ No*	☐ N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? _____ %
] Yes*	☐ No		Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
] Yes*	☐ No		Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
] Yes	☐ No*		Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
] Yes	☐ No*		Is all monitoring equipment operational per manufacturer's specifications?

n Section E below, describe how and when these deficiencies were or will be corrected.

Comments: _____

F. In-Tank Gauging / SIR Equipment:

☐ Check this box if tank gauging is used only for inventory control.
☐ Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

☐ Yes	☐ No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
☐ Yes	☐ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
☐ Yes	☐ No*	Was accuracy of system product level readings tested?
☐ Yes	☐ No*	Was accuracy of system water level readings tested?
☐ Yes	☐ No*	Were all probes reinstalled properly?
☐ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In the Section H, below, describe how and when these deficiencies were or will be corrected.**

G. Line Leak Detectors (LLD):

☐ Check this box if LLDs are not installed.

Complete the following checklist:

☐ Yes	☐ No* ☐ N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? *(Check all that apply)* Simulated leak rate: ☐ 3 g.p.h.; ☐ 0.1 g.p.h ; ☐ 0.2 g.p.h.
☐ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☐ Yes	☐ No*	Was the testing apparatus properly calibrated?
☐ Yes	☐ No* ☐ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☐ Yes	☐ No* ☐ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
☐ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In the Section H, below, describe how and when these deficiencies were or will be corrected.**

H. Comments: _____

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
MONITORING PLAN – (Page 1 of 2)

TYPE OF ACTION ☐ 1. NEW PLAN ☐ 2. CHANGE OF INFORMATION 490-1

PLAN TYPE ☐ 1. MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY. 490-2

(Check one item only) ☐ 2. THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM(S): _____

I. FACILITY INFORMATION

FACILITY ID # *(Agency Use Only)* | | | — | | | | — | | | | | | 1

BUSINESS NAME (Same as FACILITY NAME) 3.

BUSINESS SITE ADDRESS 103. | CITY 104.

II. EQUIPMENT TESTING AND PREVENTIVE MAINTENANCE

Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes, line leak detectors, etc.) must be performed at the frequency specified by the equipment manufacturers' instructions, or annually, whichever is more frequent, and that such work must be performed by qualified personnel. (23 CCR §2632, 2634, 2638, 2641)

MONITORING EQUIPMENT IS SERVICED ☐ 1. ANNUALLY ☐ 99. OTHER (Specify): 490-3a 490-3b

III. MONITORING LOCATIONS

☐ 1. NEW SITE PLAN/MAP SUBMITTED WITH THIS PLAN. ☐ 2. SITE PLAN/MAP PREVIOUSLY SUBMITTED.(23 CCR §2632, 2634) 490-4

IV. TANK MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S):

☐ 1. CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S) WITH AUDIBLE AND VISUAL ALARMS. (23 CCR §2632, 2634) 490-5

SECONDARY CONTAINMENT IS: ☐ a. DRY ☐ b. LIQUID FILLED ☐ c. PRESSURIZED ☐ d. UNDER VACUUM 490-6

PANEL MANUFACTURER: 490-7. | MODEL #: 490-8

LEAK SENSOR MANUFACTURER: 490-9. | MODEL #(S): 490-10

☐ 2. **AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE WALL TANK(S). (23 CCR §2643)** 490-11

PANEL MANUFACTURER: 490-12. | MODEL #: 490-13

IN-TANK PROBE MANUFACTURER: 490-14. | MODEL #(S): 490-15

LEAK TEST FREQUENCY: ☐ a. CONTINUOUS ☐ b. DAILY/NIGHTLY ☐ c. WEEKLY 490-16

☐ d. MONTHLY ☐ e. OTHER (Specify): _____ 490-17

PROGRAMMED TESTS: ☐ a. 0.1 g.p.h. ☐ b. 0.2 g.p.h. ☐ c. OTHER (Specify): _____ 490-18 490-19

☐ 3. **MONTHLY STATISTICAL INVENTORY RECONCILIATION (23 CCR §2646.1):** 490-20

☐ 4. **WEEKLY MANUAL TANK GAUGING (MTG) (23 CCR §2645).** TESTING PERIOD: ☐ a. 36 HOURS ☐ b. 60 HOURS 490-21 490-22

☐ 5. **TANK INTEGRITY TESTING (23 CCR §2643.1):**
TEST FREQUENCY: ☐ a. ANNUALLY 490-23 ☐ b. BIENNIALLY 490-24 ☐ c. OTHER 490-25 (Specify):

☐ 99. **OTHER** (Specify): 490-26 490-27

V. PIPE MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)

☐ 1. **CONTINUOUS MONITORING OF PIPE/ PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE AND VISUAL ALARMS. (23 CCR §2636)** 490-28

SECONDARY CONTAINMENT IS: ☐a. DRY ☐b. LIQUID FILLED ☐c. PRESSURIZED ☐d. UNDER VACUUM 490-29

PANEL MANUFACTURER: 490-30 | MODEL #: 490-31

LEAK SENSOR MANUFACTURER: 490-32 | MODEL #(S): 490-33

PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN. ☐ a. YES ☐ b. NO 490-34

FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. NO 490-35

☐ 2. **MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS AND RESTRICTS OR SHUTS OFF PRODUCT FLOW WHEN A LEAK IS DETECTED (23 CCR §2636)** 490-36

MLLD MANUFACTURER(S): 490-37 | MODEL #(S): 490-38

☐ 3. **ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS (23 CCR §2636)** 490-39

ELLD MANUFACTURER(S) 490-40. | MODEL #(S): 490-41

PROGRAMMED IN LINE LEAK TEST: ☐ 1. MINIMUM MONTHLY 0.2 g.p.h. ☐ 2. MINIMUM ANNUAL 0.1 g.p.h. 490-42

ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. NO 490-43

ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. NO 490-44

☐ 4. **PIPE INTEGRITY TESTING** 490-45
TEST FREQUENCY ☐ a. ANNUALLY ☐ b. EVERY 3 YEARS ☐ c. OTHER (Specify) 490-46 490-47

☐ 5. **VISUAL PIPE MONITORING.** 490-48
FREQUENCY ☐ a. DAILY ☐ b. WEEKLY ☐ c. MIN. MONTHLY & EACH TIME SYSTEM OPERATED* 490-49
* Allowed for monitoring of unburied emergency generator fuel piping only per HSC §25281.5(b)(3)

☐ 6. **SUCTION PIPING MEETS EXEMPTION CRITERIA [23 CCR §2636(a)(3)].** 490-50

☐ 7. **NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM** 490-51

☐ 99. **OTHER** (Specify) 490-52 490-53

Complete a separate UST Monitoring Plan for each UST monitoring system at the facility. This form must be submitted with your initial UST Operating Permit Application and within 30 days of changes in the information it contains. Please note that your local agency may require you to obtain approval prior to installing or modifying monitoring equipment. (Note: Numbering of these instructions follows the data element numbers on the form.)

490-1. TYPE OF ACTION – Check the appropriate box to indicate why this plan is being submitted.

490-2. PLAN TYPE – Check the appropriate box to indicate whether this plan covers all, or merely some, of the USTs at the facility. If the plan covers only some of the tanks, identify those tanks in the space provided [e.g., by using the Tank ID #(s) in item 432 of the UST Operating Permit Application – Tank Information Form(s)].

1. FACILITY ID NUMBER – This space is for agency use only.

3. BUSINESS NAME – Enter the complete Facility Name.

103. BUSINESS SITE ADDRESS – Enter the street address where the facility is located, including building number, if applicable. Post office box numbers are not acceptable This information must provide a means to locate the facility geographically.

104. CITY – Enter the city or unincorporated area in which the facility is located.

490-3a MONITORING EQUIPMENT IS SERVICED – Check the appropriate box to specify the frequency of monitoring equipment testing/certification.

490-3h Specify Other frequency for monitoring equipment servicing.

490-4 SITE PLAN - Indicate if a site plan/map is submitted with this monitoring plan or if it was submitted previously and is current for the facility. Monitoring plans must include a Site Plot Plan/Map showing the tank and piping layouts and the locations where monitoring is performed (i.e., location of sensors, probes, line leak detectors, monitoring system control panel, etc.).

490-5 IV-1 CONTINUOUS ELECTRONIC MONITORING-Indicate if this monitoring method is being used to monitor the tanks.

490-6 SECONDARY CONTAINMENT– If IV-1 is checked, check the appropriate box to describe the environment inside the tank secondary containment.

490-7 PANEL MANUFACTURER – – If IV-1 is checked, enter the name of the manufacturer of the monitoring system control panel (console).

490-8 MODEL # – If IV-1 is checked, enter the model number for the monitoring system control panel.

490-9 LEAK SENSOR MANUFACTURER — If IV-1 is checked, enter the name of the manufacturer of the sensor(s). If additional space is needed, use Section X.

490-10 MODEL #(S) – – If IV-1 is checked, enter the model number for each type of sensor installed. If additional space is needed, use Section X.

490-11 IV-2 AUTOMATIC TANK GAUGING-Indicate if this method is used for monitoring the UST's.

490-12 PANEL MANUFACTURER – If IV-2 is checked, enter the name of the manufacturer of the monitoring system control panel (console).

490-13 MODEL # – If IV-2 is checked, enter the model number for the monitoring system control panel.

490-14 IN-TANK PROBE MANUFACTURER – If IV-2 is checked, enter the name of the manufacturer of the probe(s).

490-15 MODEL #(S) – If IV-2 is checked, enter the model number for each type of in-tank probe installed. If additional space is needed, use Section X.

490-16. LEAK TEST FREQUENCY – If IV-2 is checked, check the appropriate box to describe the in-tank leak test frequency.

490-17. SPECIFY – If 490-16e is checked, enter the frequency of programmed leak tests.

490-18. PROGRAMMED TESTS – If IV-2 is checked, check the appropriate box to describe the tests programmed into the ATG system.

490-19. SPECIFY – If 490-18c is checked, enter the frequency of in-tank leak testing.

490-20. IV-3 INVENTORY RECONCILIATION – Check the box if statistical inventory reconciliation is performed .

490-21. IV-4 WEEKLY MANUAL TANK GAUGING. Indicate if this method is used to monitor the tanks.

490-22. TESTING PERIOD – If IV-4 is checked, check the appropriate box to describe the MTG testing period.

490-23. IV-5 TANK INTEGRITY TESTING: Indicate if this method is used to monitor the tanks.

490-24. TEST FREQUENCY – If IV-5 is checked, check the appropriate box to describe the frequency of tank integrity testing.

490-25. OTHER: If 490-24c is checked, specify other test frequency.

490-26. IV-99 OTHER: Indicate if monitoring of the tanks occurs that is not indicated in any other category.

490-27. If IV-99 is checked, enter a brief description of the other tank monitoring method(s) used (e.g., vadose zone monitoring per 23 CCR §2647, groundwater monitoring per 23CCR §2648). Include the monitoring frequency (e.g., Continuous, Weekly). If additional space is needed, use Section X.

490-28. V-1 CONTINUOUS MONITORING OF PIPE/PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIB LE AND VISUAL ALARMS: Indicate if this is the monitoring method used for the piping.

490-29. SECONDARY CONTAINMENT: If V-1 is checked, Check the appropriate box to describe the environment inside piping secondary containment.

490-30. PANEL MANUFACTURER – If V-1 is checked, enter the name of the manufacturer of the monitoring system control panel (console).

490-31. MODEL # – If V-1 is checked, enter the model number for the monitoring system control panel.

490-32. LEAK SENSOR MANUFACTURER – If V-1 is checked, enter the name of the manufacturer of the sensor(s).

490-33. MODEL #(S) – If V-1 is checked, enter the model number for each type of sensor installed. If additional space is needed, use Section X.

490-34. PIPING LEAK ALARM T RIGGERS AUTOMATIC PUMP SHUTDOWN – If V-1 is checked, check Yes or No.

490-35. FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN – If V-1 is checked, check Yes or No.

490-36. V-2 PIPE MECHANICAL LINE LEAK DETECTORS PERFORM 3 GPH LEAK TESTS: Indicate if this monitoring method is used to monitor the pipelines.

490-37. MLLD MANUFACTURER(S) – If V-2 is checked, enter the name(s) of the manufacturer(s) of the mechanical line leak detector(s). If additional space is needed, use Section X.

490-38. MODEL #(s) - If V-2 is checked, Enter the model number for each type of mechanical line leak detector installed. If additional space is needed, use Section X.

490-39. V-3 PIPE ELECTRONIC LINE LEAK DETECTORS: Indicate if this monitoring method is used to monitor the pipelines.

490-40. ELLD MANUFACTURER – If V-3 is checked, Enter the name of the manufacturer of the electronic line leak detector(s).

490-41. MODEL #(S)n - If V-3 is checked, enter the model number for each type of electronic line leak detector installed. If additional space is needed, use Section X.

490-42. PROGRAMMED LINE INTEGRITY TESTS –If V-3 is checked, check the appropriate box to describe the type of tests programmed into the monitoring system.

490-43. ELLD DETECTION OF A PIPING LEAK ALARM TRIGGERS PUMP SHUTDOWN – If V-1 is checked, check Yes or No.

490-44. ELLD DETECTION OF A PIPING LEAK FAILURE/DISCONNECTION TRIGGERS PUMP SHUTDOWN. – If V-1 is checked, check Yes or No.

490-45. V-4 PIPE INTEGRITY TESTING - Indicate if this monitoring method is used to monitor the pipelines.

490-46. TEST FREQUENCY – If V-4 is checked, check the appropriate box to describe the frequency of pipe integrity testing.

490-47. SPECIFY – If 490-46-99 is checked, enter the frequency of pipe integrity testing.

490-48. V-5 VISUAL PIPE MONITORING - Indicate if this monitoring method is used to monitor the pipelines.

490-49. If V-5 is checked, check the appropriate box to describe the frequency of visual monitoring.

490-50. SUCTION PIPING MEETS EXEMPTION CRITERIA - Indicate if this monitoring method is used to monitor the pipelines.

490-51. NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM - Check this box if no piping in the tank system is regulated under the UST law, or there is no piping.

490-52. V-99 OTHER - Indicate if another method is used for pipeline monitoring.

490-53. SPECIFY – Enter a brief description of the other line monitoring method(s) used. If additional space is needed, see Section X. Be sure to clearly describe monitoring method(s) and frequency.

This monitoring plan must include a Site Plan showing the general tank and piping layouts and the locations where monitoring is performed (i.e., location of each sensor, line leak detector, monitoring system control panel, etc.). If you already have a diagram (e.g., current UST Monitoring Site Plan from a Monitoring System Certification form, Hazardous Materials Business Plan map, etc.) that shows all required information, include it with this plan.

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK MONITORING PLAN (Page 2 of 2)

VI. UNDER DISPENSER CONTAINMENT (UDC) MONITORING

1. UDC MONITORING IS PERFORMED USING THE FOLLOWING METHOD 490-54a 490-54b

☐ 1. CONTINUOUS ELECTRONIC MONITORING ☐ 2. FLOAT AND CHAIN ASSEMBLY ☐ 3. ELECTRONIC STAND-ALONE
☐ 4. NO DISPENSERS ☐ 99. OTHER (Specify):

PANEL MANUFACTURER:	490-55	MODEL #:	490-56.
LEAK SENSOR MANUFACTURER:	490-57	MODEL #(S):	490-58

DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS	☐ a. YES	☐ b. NO	490-59
UDC LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN	☐ a. YES	☐ b. NO	490-60.
FAILURE / DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN.	☐ a. YES	☐ b. NO	490-61
UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER.	☐ a. YES	☐ b. NO	490-62

2. UDC CONSTRUCTION IS ☐1. SINGLE-WALLED ☐ 2. DOUBLE-WALLED 490-63

IF DOUBLE WALLED: 490-64a
UDC INTERSTITIAL SPACE IS MONITORED BY: ☐ 1. LIQUID ☐ 2. PRESSURE ☐ 3. VACUUM

A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS ☐ a. YES ☐ b. NO 490-64b

VII. PERIODIC SYSTEM TESTING

☐ 1. **ELD TESTING**: THIS FACILITY HAS BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT ENHANCED LEAK DETECTION (ELD) MUST BE PERFORMED. PERIODIC ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED. (23 CCR §2644.1) 490-65.

☐ 2. **SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS.** 490-66

☐ 3. **SPILL BUCKETS ARE TESTED ANNUALLY.** 490-67

VIII. RECORDKEEPING

The following monitoring/maintenance records are kept for this facility:
☐ Alarm logs 490-68a ☐ Visual Inspection Records 490-68b ☐ Tank integrity testing results 490-68c
☐ SIR testing results (and supporting documentation records). 490-68d ☐ Tank gauging results (and supporting documentation records). 490-68e
☐ ATG Testing results (and supporting documentation records). 490-68f ☐ Corrosion Protection 60-day logs 490-68g
☐ Equipment maintenance and calibration records. 490-68h

IX. TRAINING

☐ Personnel with UST monitoring responsibilities are familiar with all of the following documents relevant to their job duties. 490-69a

REFERENCE DOCUMENTS MAINTAINED AT FACILITY (Check all that apply)
☐ THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required) 490-69b
☐ OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required) 490-69c
☐ CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS 490-69d
☐ CALIFORNIA UNDERGROUND STORAGE TANK LAW 490-69e
☐ STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION" 490-69f
☐ SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS" 490-69g
☐ OTHER (Specify): M69h, M69i

☐ This facility has a "Designated UST Operator" who has passed the California UST System Operator Exam administered by the International Code Council (ICC). The "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems annually, and within 30 days of hire. This training will include, but is not limited to, the following:
- Operation of the UST systems in a manner consistent with the facility's best management practices
- The facility employee's role with regard to the monitoring equipment as specified in this UST Monitoring Plan
- The facility employee's role with regard to spills and overfills as specified in the UST Response Plan
- Names of contact person(s) for emergencies and monitoring alarms. 490-70

X. COMMENTS/ADDITIONAL INFORMATION

Provide additional comments here or indicate how many pages with additional information on specific monitoring procedures are attached to this plan. 490-71

XI. PERSONNEL RESPONSIBILITIES

The UST Owner/Operator is responsible for ensuring that: 1) the daily/routine UST monitoring activities and maintenance of UST leak detection equipment covered by this plan occurs, 2) all conditions that indicate a possible release are investigated, and 3) all monitoring records are maintained properly.
The following person(s) are responsible for performing the monitoring and equipment maintenance:

NAME	490-72	TITLE	490-73
NAME	490-74	TITLE	490-75

The Designated Operator shall visually inspect the facility, provide a report to the owner/operator about any conditions that need follow-up action.

XII. OWNER/OPERATOR SIGNATURE

CERTIFICATION: I certify that the information provided herein is true and accurate to the best of my knowledge.

APPLICANT SIGNATURE REPRESENTING: ☐ 1. Tank Owner/Operator ☐ 2. Facility Owner/Operator ☐ 3. Authorized Representative of Owner	490-76	DATE:	490-77
APPLICANT NAME (print):	490-78	APPLICANT TITLE:	490-79

(Agency Use Only) This plan is: ☐ Approved or ☐ Approved with the following conditions

Local Agency Signature: Date:

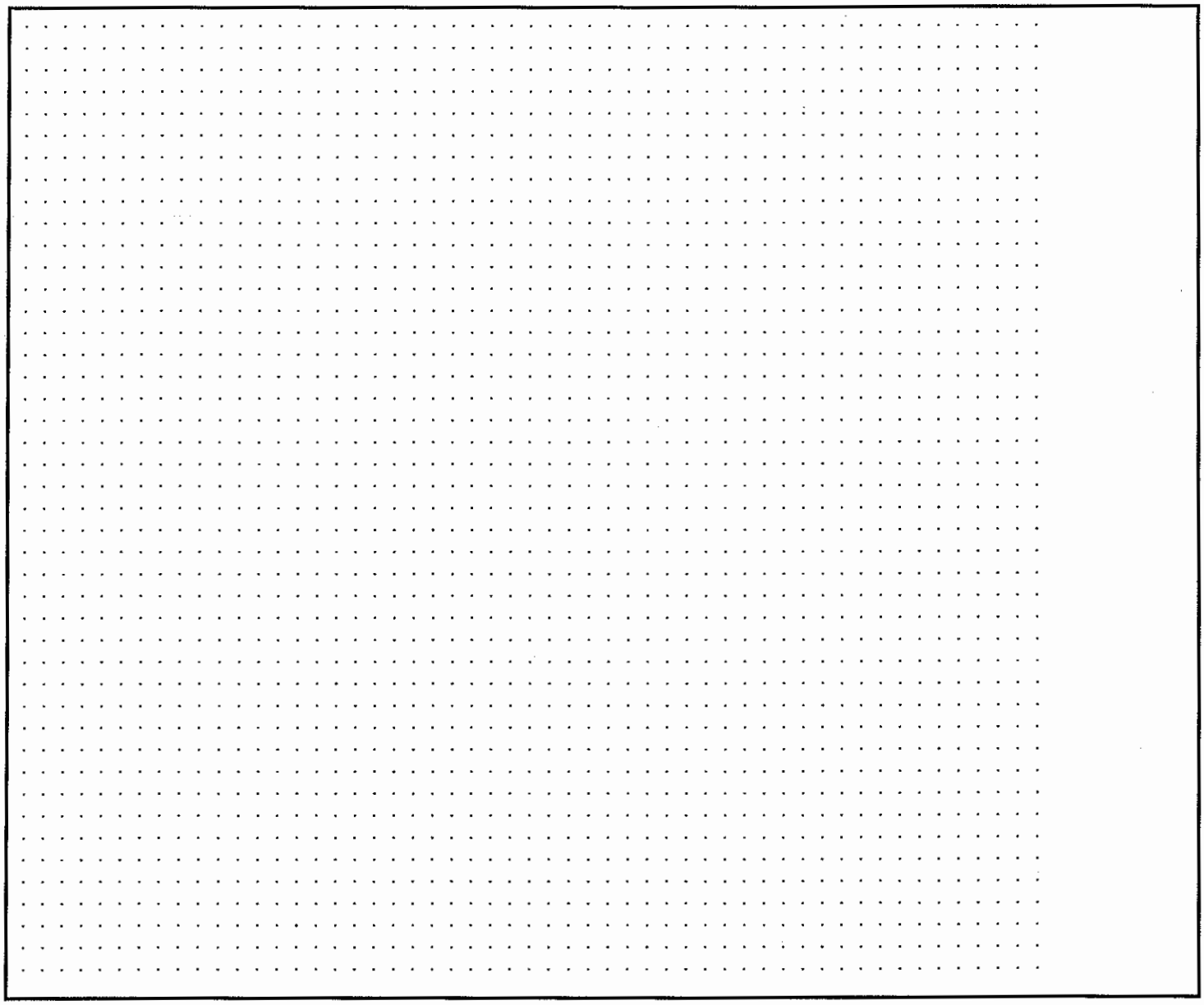
UST Monitoring Plan – Page 2 Instructions

Complete a separate UST Monitoring Plan for each UST monitoring system at the facility. This form must be submitted with your initial UST Operating Permit Application and within 30 days of changes in the information it contains. Please note that your local agency may require you to obtain approval prior to installing or modifying monitoring equipment. (Note: Numbering of these instructions follows the data element numbers on the form.)

490-54a. MONITORING OF THE UNDER DISPENSER CONTAINMENT- Indicate the method used for UDC monitoring.
490-54b. SPECIFY-If 99 "Other" is checked, describe other method used.
If VI-1-1, VI-1-2 or VI-1-3 or VI-1-99 is checked, complete 490-55 to 490-64h.
490-55. PANEL MANUFACTURER –Enter the name of the manufacturer of the monitoring system control panel (console). If there is no control panel (e.g., only an electrical relay box is installed) leave this space blank.
490-56. MODEL # - Enter the model number for the monitoring system control panel (console). If there is no control panel (e.g., only an electrical relay box is installed) leave this
space blank.
490-57. LEAK SENSOR MANUFACTURER – Enter the name of the manufacturer of the sensor(s).
490-58. MODEL #(S) – Enter the model number of the sensor(s) installed. If additional space is needed, use Section X.
490-59. DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS. Indicate Yes or No
490-60. UDC LEAK ALARM TRIGGERS PUMP SHUTDOWN - Indicate Yes or No
490-61. FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN - Indicate Yes or No
490-62. UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER - Indicate Yes or No.
490-63. UDC CONSTRUCTION - Indicate if the construction of the UDC is single-walled, or double-walled.
490-64a. DOUBLE-WALLED INTERSTITIAL SPACE MONITORING - Indicate what is used to monitor the interstitial space.
490-64b. LEAK WITHIN THE SECONDARY CONTAIMENT OF UDC TRIGGERS AUDIBLE AND VISUAL ALARMS - Indicate Yes or No
490-65. VII-1 ELD TESTING - Check the box if you have been notified by the State Water Resources Control Board (SWRCB) that the UST(s) covered by this plan is/are subject to Enhanced Leak Detection Requirements (i.e., UST has any single-wall component and is located within 1,000 feet of a public drinking water well).
490-66. TESTING OF SECONDARY CONTAINMENT COMPONENTS EVERY 36 MONTHS - Check the box if you have secondary containment that requires testing.
490-67. SPILL BUCKET TESTING - Check the box if you have spill buckets.
490-68a-h. VIII RECORDKEEPING -Indicate which monitoring and equipment maintenance records are maintained for this facility.
490-69a IX TRAINING STATEMENT - Check the box to verify that the statement is true.
REFERENCE DOCUMENTS MAINTAINED AT FACILITY – Check the appropriate boxes to describe reference documents maintained at the facility. Note that the first two items on the list must be kept at the facility.
490-69h. MONITORING PLAN: Indicate that this plan is kept as a reference document.
490-69c. OPERATING MANUALS FOR ELECTRONIC EQUIPMENT: Indicate that this plan is kept as a reference document.
490-69d. CA UST REGULATIONS - Indicate that this is kept as a reference document.
490-69e. CA UST LAW - Indicate that this is kept as a reference document.
490-69f. STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION - "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION - Indicate that this is kept as a reference document.
490-69g. SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS": Indicate that this is kept as a reference document.
490-69h. OTHER - Indicate that other reference documents are kept.
490-69i. SPECIFY-If "OTHER" is checked, enter a brief description of the other document(s) maintained at the facility. If additional space is needed, see Section X.
490-70. DESIGNATED OPERATOR TRAINING - Check this box to verify that this statement is true.
490-71. COMMENTS/ADDITIONAL INFORMATION – Make additional comments or you may attach and identify the number of additional pages of information to describe any additional UST system monitoring-related information (e.g., additional information required by your local agency). Attach any monitoring logs that you will be using for the monitoring of your tank system.
490-72. NAME – Enter the name of the person who routinely conducts the monitoring and equipment maintenance under this plan.
490-73. TITLE - Enter the title of the person.
490-74. NAME – Enter the name of the second person, if applicable, who routinely conducts the monitoring and equipment maintenance under this plan.
490-75. TITLE - Enter the title of the second person.
OWNER/OPERATOR SIGNATURE – The tank owner/operator, facility owner/operator, or an authorized representative of the owner shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true, accurate, and complete, and that the training program specified in Section IX has been implemented.
490-76. REPRESENTING -- Check the appropriate box to indicate whether the signer is the UST owner/operator, the UST facility owner/operator, or an authorized representative of the owner.
490-77. DATE – Enter the date the plan was signed.
490-78. APPLICANT NAME – Print or type the name of the person signing the plan.
490-79. APPLICANT TITLE – Enter the title of the person signing the plan.

UST Monitoring Site Plan

Site Address: _____



Date map was drawn: ____/____/____.

Instructions

Use this page to identify the monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas, mechanical or electronic line leak detectors, and in-tank liquid level probes (if used for leak detection). On your site plan, show the general layout of tanks and piping. Note the date this Site Plan was prepared.

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IV. HAZARDOUS WASTE SECTION

To be completed by all persons or businesses that generate, treat, store, handle or dispose of hazardous waste.

Be advised that appropriate signatures must be provided on forms.

This section includes:

o RECYCLABLE MATERIALS REPORT

This report is submitted every two years to the CUPA or PA by businesses which have recyclable materials excluded from classification as hazardous waste or conduct recycling activities exempted from the State Hazardous Waste Control Law.

o ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATIONS

FACILITY INFORMATION (ONE PER FACILITY)
UNIT INFORMATION (ONE PER UNIT)
CESQT (CONDITIONALLY EXEMPT SMALL QUANTITY TREATER) ATTACHMENT
CESW (CONDITIONALLY EXEMPT SPECIFIED WASTE STREAM) ATTACHMENT
CEL (CONDITIONALLY EXEMPT LIMITED) ATTACHMENT
CA (CONDITIONAL AUTHORIZATION) ATTACHMENT
PBR (PERMIT BY RULE) ATTACHMENT
CERTIFICATION OF FINANCIAL ASSURANCE

Note: These forms may apply to hazardous waste generators who conduct onsite treatments eligible for authorization under California's Tiered Permitted program.

o REMOTE WASTE CONSOLIDATION SITE ANNUAL NOTIFICATION

o HAZARDOUS WASTE TANK CLOSURE CERTIFICATION

o HAZARDOUS WASTE GENERATOR FORM (LA County)

To be completed by businesses which generator wastes classified as hazardous under Federal Law (RCRA or the Resource Conservation Recovery Act) and/or State Law (Chapter 6.5 of the Health and Safety Code).
Note: *Non-RCRA hazardous wastes (such as waste oil) are wastes regulated only under State law.*

Recyclable Materials Biennial Report Page 1

Complete this report if you recycle more than 100 kilograms per month of recyclable material under a claim that the material qualifies for an exclusion or exemption pursuant to HSC § 25143.2. Facilities that recycle at the same location at which the material was generated (onsite recyclers) and facilities that recycle materials generated at an offsite location (offsite recyclers) must complete a report. Persons who send materials to another location to be recycled, and who do not recycle material onsite under a claim to an exclusion or exemption provided in HSC § 25143.2, need not complete a report.

Offsite recyclers must complete one report for **each** generator from whom they receive recyclable materials. Complete a **separate** Page 2 of the Report for **each** recyclable material. When this report is submitted, provide a copy of the completed report to the generator of the material recycled.
Refer to HSC § 25143.10 for reporting requirements for recyclers.

(Note: the numbering of the instructions follows the data element numbers that are on the UP Form pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

1. **FACILITY ID NUMBER** - Leave this blank. This number is assigned by the CUPA. This is the unique number that identifies your facility.
2. **EPA ID NUMBER** - Enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters "CA". If you do not have a number contact the DTSC Telephone Information Center at (916) 324-1781, (800) - 61-TOXIC or (800) 61-86942, to obtain one.
3. **BUSINESS NAME** - Enter the full legal name of the business.

500. **BEGINNING DATE OF REPORTING PERIOD** - Enter the beginning date of the reporting period for this report. This report is for two calendar years and is due on July 1 of every even-numbered year.
501. **ENDING DATE OF REPORTING PERIOD** - Enter the ending date of the reporting period for this report.
502. **ONSITE RECYCLING** - Check "Yes" if the recycling facility recycles more than 100 kilograms per month of recyclable material generated onsite under a claim that the material qualifies for an exclusion or exemption pursuant to HSC § 25143.2. Check "No" if the recycling facility does not recycle onsite.
503. **OFFSITE RECYCLING** - Check "Yes" if the recycling facility recycles more than 100 kilograms per month of recyclable material under a claim that the material qualifies for an exclusion, or exemption pursuant to HSC § 25143.2, and that material was received from one or more offsite locations. Check "No" if the recycling facility does not recycle material generated offsite.
504. **OFFSITE GENERATOR NAME** - If the generator is different from the recycler, enter the name of the person that generated the recyclable material. Complete a separate report for each generator.
505. **OFFSITE GENERATOR EPA ID NUMBER** - Enter the generator's 12-character U.S. Environmental Protection Agency (EPA) identification number. If the generator needs but does not yet have an identification number, the owner or operator can contact the Telephone Information Center at (916) 324-1781.
506. **OFFSITE GENERATOR STREET ADDRESS**
507. **OFFSITE GENERATOR PHONE NUMBER**
508. **OFFSITE GENERATOR CITY**
509. **OFFSITE GENERATOR STATE**
510. **OFFSITE GENERATOR ZIP CODE**

Complete items **506 – 510** for each generator of recyclable material.

511. **OFFSITE GENERATOR MAILING ADDRESS**
512. **CITY FOR MAILING ADDRESS**
513. **STATE FOR MAILING ADDRESS**
514. **ZIP CODE FOR MAILING ADDRESS**

Complete items **511 – 514** if the mailing address for the offsite generator is different from the street address.

SIGNATURE OF CERTIFIER - The business owner/operator of the recycling facility shall sign in the space provided. This signature certifies that the signer believes that the information submitted is true, accurate, and complete.

515. **DATE CERTIFIED** - Enter the date that the certification was signed.
516. **NAME OF DOCUMENT PREPARER** - Enter the name of the person who prepared the report.
517. **CERTIFIER NAME** - Enter the full printed name of the certifier.
518. **CERTIFIER TITLE** - Enter the title of the person signing the report.

UNIFIED PROGRAM (UP) FORM
RECYCLABLE MATERIALS REPORT – PAGE 1

(COMPLETE ONLY IF CLAIMING A RECYCLING EXCLUSION OR EXEMPTION PER HSC SECTION 25143.2)

Page of

FACILITY ID#														1	EPA ID #	2

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)	3
DATES OF REPORTING PERIOD BEGINNING DATE 500	ENDING DATE 501

I. TYPE OF RECYCLING ACTIVITIES

If yes, please follow instructions.

1. Do you recycle more than 100 kg/month of excluded or exempted recyclable material at the same location at which the material was generated (onsite recycling)?	502 ☐ YES ☐ NO	4 If YES, you are both the generator and recycler. Complete one Recyclable Materials Report. Do not complete Parts II and V.
2. Do you recycle more than 100 kg/month of non-manifested, excluded recyclable materials received from an offsite location (offsite recycling)?	503 ☐ YES ☐ NO	4 If YES, you are an offsite recycler but not the generator. Complete a Recyclable Materials Report for each generator that sends you materials.

--Businesses that only send recyclable materials to an offsite recyclers are not required to file this report. --

V. OFFSITE GENERATOR OF RECYCLABLE MATERIAL

Only complete when the generator is different from the recycler.

OFFSITE GENERATOR OF RECYCLABLE MATERIAL 504		OFFSITE GENERATOR EPA ID# 505	
STREET ADDRESS 506			PHONE 507
CITY 508	STATE 509		ZIP CODE 510
MAILING ADDRESS (IF DIFFERENT) 511			
CITY 512	STATE 513		ZIP CODE 514

III. CERTIFICATION SECTION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.

SIGNATURE OF CERTIFIER	DATE 515	NAME OF DOCUMENT PREPARER 516
NAME OF SIGNER (print) 517	TITLE OF SIGNER 518	

OFFICIAL USE ONLY	DATE RECEIVED		REVIEWED BY
CUPA	PA	DISTRICT	INSPECTOR

INSTRUCTIONS FOR THE UNIFIED PROGRAM (UP) FORM

Recyclable Materials Biennial Report Page 2

Complete a **separate** Page 2 of the Report for each recyclable material.

(Note: the numbering of the instructions follows the data element numbers that are on the UP Form pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

519. TOTAL NUMBER OF RECYCLABLE MATERIALS - Enter the total number of recyclable materials which will be described in this report. Complete a separate Report Page 2 for each recyclable material and verify that the number of pages is the same as the total number listed here.

520. RECYCLABLE MATERIAL NUMBER - Enter the unique identification number of the recyclable material that is described on this page. The recyclable materials can be numbered sequentially, or by any other system as long as the numbers are not repeated or duplicated.

521. COMMON NAME (RECYCLABLE MATERIAL) - Enter the common name of the material recycled. This is the same as item 207, the Common Name on the Hazardous Materials Inventory - Chemical Description page.

522. QUANTITY DURING TWO YEAR REPORTING PERIOD - Enter the total quantity of this recyclable material recycled during the two-year reporting period. Round to nearest decimal. In this case, 1.4 tons = 1 ton reported.

523. UNITS - Enter the unit of measure for the quantity reported in item 522.

524. RECYCLABLE MATERIAL DESCRIPTION - Describe the recyclable material that was used in the recycling process, if not described in item 521, COMMON NAME.

525. RECYCLABLE MATERIAL PROCESS DESCRIPTION - Describe the recycling process and, if the recyclable material was used to provide a product, or was used as a substitute for a product, describe the beneficial use of the recyclable material.

526. AUTHORIZING PROVISION OF HSC SECTION 25143.2 - Enter the subdivision(s), and subparagraph(s) (if applicable) of HSC § 25143.2 that served as the basis for the claim to exemption or exclusion. For example: HSC § 25143.2(d)(2)(C).

527. BASIS FOR CLAIM TO EXCLUSION OR EXEMPTION - Explain the basis for the claim to an exclusion or exemption.

528. HAZARDOUS CONSTITUENT 1-4 - Describe up to four hazardous constituents of the recyclable material (use common name, if appropriate). If more than four constituents of the recyclable material are recycled, attach additional sheets using the same format as on the UPCF. (Report for constituents 2 through 4 in 534, 540, and 546.)

529. CONCENTRATION RECYCLABLE MATERIAL 1-4 - Enter the concentrations of up to four hazardous constituents of the recyclable material as a decimal number. (Report for constituents 2 through 4 in 535, 541, and 547.)

530. UNITS RECYCLABLE MATERIAL 1-4 - Enter the unit of measure of the concentration that is most appropriate, for up to four hazardous constituents of the recyclable material. (Report for constituents 2 through 4 in 536, 542, and 548.)

531. CONCENTRATION FINAL PRODUCT 1-4 - Enter the concentrations in the final product of up to four hazardous constituents of the recyclable material as a decimal number. (Report for constituents 2 through 4 in 537, 543, and 549.)

532. UNITS FINAL PRODUCT 1-4 - Enter the unit of measure of the concentration in the final product, for up to four hazardous constituents of the recyclable material. (Report for constituents 2 through 4 in 538, 544, and 550.)

533. FINAL PRODUCT/USES FOR CONSTITUENT 1-4 - Describe the final product(s) that resulted from the recycling process and how each product was beneficially used. (Report for constituents 2 through 4 in 539, 545, and 551.)

552. DOCUMENTATION - For offsite recyclers, check the box to indicate that documentation of known market is provided. Documentation is required pursuant to HSC § 25143.10(a)(3)(A) to show that there was a known market for disposition of the recyclable material and any products manufactured from it.

UNIFIED PROGRAM (UP) FORM
RECYCLABLE MATERIALS REPORT – PAGE 2

(COMPLETE ONLY IF CLAIMING A RECYCLING EXCLUSION OR EXEMPTION PER HSC SECTION 25143.2)

(one description per material recycled, attach additional pages, if needed)

TOTAL NUMBER OF RECYCLABLE MATERIALS 519 | Page of

FACILITY ID# 1 | BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

IV. RECYCLABLE MATERIAL INFORMATION

A. DESCRIPTION

RECYCLABLE MATERIAL NUMBER 520	COMMON NAME OF RECYCLABLE MATERIAL 521	QUANTITY DURING TWO YEAR REPORTING PERIOD 522	UNITS 523
			☐ a. Gallons ☐ c. Tons ☐ b. Pounds ☐ d.Kilograms

RECYCLABLE MATERIAL DESCRIPTION 524

RECYCLING PROCESS AND BENEFICIAL USE OF RECYCLABLE MATERIAL 525

AUTHORIZING PROVISION OF HSC SECTION 25143.2 526	BASIS FOR CLAIM TO AN EXCLUSION OR EXEMPTION 527

B. PRODUCT AND CONSTITUENT INFORMATION: OFFSITE ONLY

Only complete if recyclable material was used to make or substitute for a product and operating pursuant to HSC Section 25143.2(b) or (d)(5) or (6).

HAZARDOUS CONSTITUENT	HAZARDOUS CONSTITUENT		LIST FINAL PRODUCT(S) MADE FROM THIS RECYCLABLE MATERIAL AND BENEFICIAL USE OF FINAL PRODUCT(S)
	In Recyclable Material	In Final Product	
528	529	531	533
	UNITS 530 ☐ a percent ☐ b ppm	UNITS 532 ☐ a percent ☐ b ppm	
534	535	537	539
	UNITS 536 ☐ a percent ☐ b ppm	UNITS 538 ☐ a percent ☐ b ppm	
540	541	543	545
	UNITS 542 ☐ a percent ☐ b ppm	UNITS 544 ☐ a percent ☐ b ppm	
546	547	549	551
	UNITS 548 ☐ a percent ☐ b ppm	UNITS 550 ☐ a percent ☐ b ppm	

If more than four constituents are recycled, attach additional sheets using this same format.

V. DOCUMENTATION OF KNOWN MARKET (Offsite recyclers only)

☐ DOCUMENTATION IS ATTACHED: Offsite recyclers must attach documentation that there was a known market for disposition of the recyclable material and any products manufactured from the recyclable materials and provide copy of this report to the generator when the report is submitted to the CUPA or PA. (HSC Section 25143.10(a)(3)(A)) 552

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY	
CUPA	PA	DISTRICT	INSPECTOR

INSTRUCTIONS FOR THE UNIFIED PROGRAM (UP) FORM

Onsite Hazardous Waste Treatment Notification – Facility

There are several treatment activities that, although they would be otherwise regulated, are exempt under the law provided certain conditions are met. Exempt treatment activities are described in Appendix A of these instructions (see below) and if your treatment activities are exempt then no notification is required for these activities.

If your treatment activities do not qualify for an exemption complete this page if your facility is a hazardous waste generator performing treatment of hazardous wastes at the site where the waste is generated, and the facility is eligible under the Conditional Exemption (CE), or Conditional Authorization (CA)tiers, or operates a Fixed Treatment Unit (FTU) under the Permit by Rule (PBR) tier. To determine which tier or tiers apply to your operations, refer to the DTSC Onsite Tiered Permitting Flow Chart, which graphically displays the eligible waste streams and treatment processes by tier.

Submit one facility page (Onsite Hazardous Waste Treatment Notification - Facility) per facility, regardless of the number of treatment units located at the site. Attach a unit specific page (Onsite Hazardous Waste Treatment Notification - Unit) and a Waste and Treatment Process Combinations page for each treatment unit at this location.

For notification requirements for PBR FTUs refer to 22 CCR § 67450.2, for CA refer to HSC § 25200.3(e) and (k), and for CE refer to HSC § 25201.5(d) and (i).

(Note: the numbering of the instructions follows the data element numbers that are on the UP Form pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.
600. NOTIFICATION STATUS - Check whether this notification is your initial notification under the Tiered Permitting system, an amended notification, or a renewal (for PBR only).
601. PERMIT STATUS - Check the status of the permit for State issued hazardous waste permits or grants of authorization.
602. NUMBER OF UNITS - For each of the permitting tiers or categories listed, enter the number of units you operate at this facility location. Complete a unit specific notification page and a waste and treatment process page for each unit you list here, except for CE-CL units. Verify that the total number of units (item 602g) is equal to the number of unit specific notification and waste and treatment process pages included in the submittal plus the number of CE-CL units (item 602f).

SIGNATURE OF OWNER/OPERATOR - The business owner or officer of the company who is authorized to make decisions for the facility and who has operational control, shall sign in the space provided. In most companies, this is not the environmental compliance or technical staff. The title should indicate that an appropriately authorized person is signing for the company. Original signatures are required.

You are signing the certifications and attesting to their accuracy under penalty of law for submitting false information. The certifications cover waste minimization, the eligibility of the unit(s) for the indicated tier, the fact that the unit meets all of the operating requirements for that tier, and that the information is accurate. These operating requirements are set forth in the statutes and regulations.

603. DATE CERTIFIED - Enter the date that the page was signed.
604. OWNER/ OPERATOR NAME - Enter the full printed name of the person signing the page.
605. OWNER/ OPERATOR TITLE - Enter the title of the person signing the page.

REQUESTING A SHORTENED REVIEW PERIOD - Generators operating under CA and CE are legally authorized 60 days after submitting a complete notification. The time period between notification and authorization may be shortened when the owner or operator shows a good cause. Check whether or not you are requesting to be authorized sooner than the standard 60-day period, and state the reason for the request. The authorization will be automatically effective on the date the completed notification page is received by the CUPA. (If necessary, use additional sheets to explain your reasons.) Generators operating under the PBR tier are not authorized until they are notified by the CUPA.

ATTACHMENTS *NOTE: Commercial Laundries are <u>not</u> required to provide attachments.*

ALL FACILITIES-

1. Complete a unit notification and a waste and treatment process page for EACH unit covered by this notification.
2. Provide a plot plan or map detailing the location or locations of the unit or units at this facility. This document is for use by the inspector. Clearly indicate the facility boundaries and major features. The extent or detail of the plot plan will vary depending on the size of the facility, the extent of the industrial operations, and the number of treatment units. A diagram prepared for the hazardous materials business plan (required by Title 19 CCR) may be used, as long as the unit numbers for the units covered by this notification are indicated.

PBR & CA ONLY

1. Complete the Certification of Financial Assurance for Closure and attach here (formerly DTSC Form 1232). Check whether you have Self-Certified (because your closure costs are less than $10,000) or if you are submitting a financial mechanism.
2. Prior Enforcement History information is required ONLY if this facility was the subject of any convictions, judgments, settlements or final orders resulting from an action by any local, state, or federal environmental, hazardous waste, or public health enforcement agency. If applicable, attach a statement or summary that lists the cases for the last three years and provide a copy of the cover sheet from each document (conviction, settlement, etc.). The summary should include case and docket number, name and address of the agency, date, brief explanation, type of case (criminal, civil, administrative) and final resolution (including fines and penalties).

ADDITIONAL SUBMISSION TO DTSC:

A PHASE I ENVIRONMENTAL ASSESSMENT IS REQUIRED FROM ALL PBR AND CA FACILITIES AND MUST BE SUBMITTED TO DTSC, NOT TO YOUR CUPA. This assessment was due on January 1, 1997 or within one year from initial notification for newer facilities. Revisions are required if new releases are discovered.

The assessment checklist and instructions are available from <u>DTSC</u> (www.dtsc.ca.gov). Call (916) 324-2423 or write to DTSC-Unified Program Section, P.O. Box 806, Sacramento, CA 95812-0806. Completed Phase I Assessments should be submitted to the same address.

PBR ONLY

1. Tank and/or containment system certifications are required to be submitted for only PBR units by 22 CCR § 67450.2(b)(3)(G), when applicable. The specific standards are in 22 CCR § 66264.175(c) for containers and 22 CCR § 66265.191(a) and 66265.192(a) for tanks.
2. Notification of local agencies. Attach documentation of the other local agencies notified of your operation, i.e. sewer agency.
3. Notification of property owner. If the property owner is different than the operator, provide documentation that the facility operator has notified the property owner of the operation of this hazardous waste treatment unit under PBR.

UNIFIED PROGRAM (UP) FORM
ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – FACILITY PAGE

BUSINESS NAME (Same as FACILITY NAME or DBA Doing Business As) 3	FACILITY ID# 1

II. STATUS

NOTIFICATION STATUS 600	PERMIT STATUS (Check all that apply) 601	
☐ a Amended	☐ a Facility Permit	☐ d Variance
☐ b Initial	☐ b Interim Status	☐ e Consent Agreement
☐ c Renewal (PBR Only)	☐ c Standardized Permit	

III. NUMBER OF UNITS AT FACILITY

(Indicate the number of units you operate in each tier, attach one unit notification page for each unit except CE-CL)

602

A ___ Conditionally Exempt – Small Quantity Treatment (CESQT) (May not function under any other tier)

B ___ Conditionally Exempt Specified Wastestream (CESW)

C ___ Conditionally Authorized (CA)

D ___ Permit by Rule (PBR)

E ___ Conditionally Exempt – Limited (CEL)

F ___ Conditionally Exempt Commercial Laundry (CE-CL) (No unit page is required for laundries)

G ___ TOTAL UNITS (Must equal the number of unit notification pages attached plus the number of CE-CL units)

IV. CERTIFICATION AND SIGNATURE

Waste Minimization I certify that I have a program in place to reduce the volume, quantity and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Tiered Permitting Certification I certify that the unit or units described in these documents meet the eligibility and operating requirements of state statutes and regulations for the indicated permitting tier, including generator and secondary containment requirements. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.

I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE OF OWNER/OPERATOR	DATE 603
NAME OF OWNER/OPERATOR	TITLE OF OWNER/OPERATOR 605

REQUEST FOR SHORTENED REVIEW PERIOD (CE and CA only) ☐ Yes ☐ No

State Reason for Request

V. ATTACHMENTS (Check if attached)

ALL tiers except CE-CL (Laundries) must submit:

☐ 1 One unit specific notification page and one treatment process page per unit

☐ 2 Plot Plan (or other grid/map)

PBR & CA ONLY:

☐ 1 Closure Financial Assurance (formerly DTSC form 1232)

☐ Self Certified (< $10,000) ☐ Other mechanism

☐ 2 Prior Enforcement History, if applicable

PBR ONLY

☐ 1 Tank and container certifications, if required

☐ 2 Notification of local agency or agencies

☐ 3 Notification of property owner, if different from business owner

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY	
CUPA	PA	DISTRICT	INSPECTOR

Appendix A - Exempt Treatment Activities

There are several treatment activities which, although they would be otherwise regulated, are exempt under the law provided certain conditions are met. No notification is required if these are the only treatment activities performed at the facility. These activities are:

1. Biotechnology Elementary Neutralization Activities - Refer to Health and Safety Code Section 25201.15

   Biotechnology elementary neutralization activities are the elementary neutralization of wastes generated by biotechnology manufacturing or biotechnology process development activities. This includes activities conducted in SIC Code Subgroups 283, 2833, 2834, 2835, 2836, 8731, 8732, and 8733, including manufacturing and process development of medicinal chemicals and botanical products, pharmaceutical preparations, in vitro and in vivo diagnostic substances, and biological products, and all associated equipment and vessel cleaning and maintenance operations. These activities are exempt if ALL of the following conditions are met:

   - A permit is not required to conduct elementary neutralization under federal law.
   - The hazardous wastes are hazardous solely due to acidic or alkaline materials.
   - Either of the following applies with regard to the biotechnology elementary neutralization activity:

     a) The hazardous wastes in the elementary neutralization unit do not contain more than 10 percent by weight acid or alkaline constituents.

     b) The generator determines the neutralization process will not raise the temperature of the hazardous wastes to within 10 degrees of the boiling point or cause the release of hazardous gaseous emissions.

   - The hazardous wastes are not diluted for the sole purpose of meeting the criteria specified in subparagraph (a) above AND after neutralization the wastewaters do not exhibit the characteristic of corrosivity.
   - The temperature of any unit 100 gallons or larger is automatically monitored, is fitted with a high temperature alarm system, and for closed systems, the unit automatically controls the adding and mixing of corrosive and neutralizing solutions.

2. Neutralization of Acid/ Alkaline Wastes from Regeneration of Ion Exchange Media - Refer to HSC section 25201.13(a)

   NO authorization is needed to neutralize acid/alkaline wastes from regeneration of the ion exchange media used to demineralize water, if the waste contains less than or equal to 10 percent acid or base by weight.

3. Neutralization of Acid/ Alkaline Wastes from the Food Processing Industry - Refer to HSC section 25201.13(c)

   NO authorization is needed to neutralize acid/alkaline wastes from the food processing industry.

4. Silver Recovery - Refer to HSC section 25143.13, amended by Senate Bill (SB) 2111 (1998).

   NO authorization is needed for the recovery of silver (provided that the solutions and wastewaters are "silver-only" hazardous wastes, and are not hazardous for any other reason or constituent) from photofinishing/photoimaging solutions and photoimaging solution wastewaters. These wastes are regulated only to the extent they are regulated under the federal Resource Conservation and Recovery Act.

5. Sieving or Filtering Under Limited Conditions - Refer to HSC section 25123.5(b)(2)(A), amended by Assembly Bill (AB) 966 (1998).
   NO authorization is needed for sieving or filtering liquid hazardous waste to remove solid fractions, WITHOUT added heat, chemicals, or pressure, as the waste is added to or removed from a storage or accumulation tank or container, if the activity is conducted onsite. For this exemption, sieving or filtering does not include adsorption, reverse osmosis, or ultrafiltration.

5. Phase Separation Under Limited Conditions - Refer to HSC section 25123.5(b)(2)(B), amended by AB 966 (1998).

   NO authorization is needed for phase separation of hazardous waste during storage or accumulation in tanks or containers, if the separation is unaided by the addition of heat or chemicals, and the activity is conducted onsite.

7. Combination of Wastestreams Under Limited Conditions - Refer to HSC section 25123.5(b)(2)(C), amended by AB 966 (1998).
   NO authorization is needed for combining two or more waste streams that are not incompatible into a single tank or container if the activity is conducted onsite and BOTH of the following conditions apply:

   a) The waste streams are being combined solely for the purpose of consolidated accumulation or storage or consolidated offsite shipment, and they are NOT being combined to meet a fuel specification or to otherwise be chemically or physically prepared to be treated, burned for energy value, or incinerated.

   b)The combined waste stream is managed in compliance with the most stringent of the regulatory requirements applicable to each individual waste stream.

8. Evaporation of Water Under Limited Conditions - Refer to HSC section 25123.5(b)(2)(D), amended by AB 966 (1998).

   NO authorization is needed for evaporation of water from hazardous wastes in tanks or containers, such as breathing and evaporation through vents and floating roofs, WITHOUT the addition of pressure, chemicals, or heat other than sunlight or ambient room lighting or heating, if the activity is conducted onsite.

INTENTIONALLY LEFT BLANK

Onsite Hazardous Waste Treatment Notification – Unit

Complete a unit specific page (Onsite Hazardous Waste Treatment Notification - Unit) and a Waste and Treatment Process Combinations page for each treatment unit operating at this facility. Commercial Laundries are *not* required to complete unit specific pages, provided that laundering is the only hazardous waste treatment activity conducted by the facility.
(Note: the numbering of the instructions follows the data element numbers that are on the UP FORM pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)
Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.

606 UNIT ID NUMBER - Enter a unique number for each unit. The units can be numbered sequentially, or by any other system as long as the numbers are not repeated or duplicated. All unit numbers must be clearly labeled on the plot plan/map.

607 UNIT TYPE / TIER - Check the unit type under the Tiered Permitting program.

608 NUMBER OF TANKS - Enter the number of tanks used in the unit. Tank means a stationary device, designed to contain an accumulation of hazardous waste, which is constructed primarily of non-earthen materials (e.g., wood, concrete, steel, plastic) which provide structural support (22 CCR § 66260.10).

609 NUMBER OF CONTAINERS/ TREATMENT AREAS - Enter the number of containers/ container treatment used in the unit. Container means any device that is open or closed, and portable in which a material can be stored, handled, treated, transported, recycled, or disposed of (22 CCR § 66260.10). Container treatment area is the location set aside and used to treat containers.

610 UNIT NAME - Enter the name of the treatment unit. A treatment unit is defined as a tank, a container, or a combination of tanks or tank systems and/or containers located together that are used in sequence to treat or accumulate one or more compatible hazardous waste streams. The devices are either plumbed together or otherwise linked so as to form one system.

611 MONTHLY TREATMENT VOLUME - Enter the estimated monthly total volume of hazardous waste treated in each unit. If the volume fluctuates significantly by month, enter the maximum or highest volume treated in any month.

612 UNIT OF MEASURE - Check whether the treatment volume unit of measure is pounds or gallons.

613 SPECIFIC WASTE TYPE TREATED - Describe the specific waste type(s) treated. For example, if waste qualifies as an aqueous waste with metal or organics, indicate the specific metals or organics.

614 TREATMENT PROCESS DESCRIPTION - Describe the treatment process(es) used. Indicate if the activities are seasonal or periodic.

615 BASIS FOR NOT NEEDING FEDERAL PERMIT - Check the reason(s) that best describe why your onsite treatment unit does not need a federal hazardous waste permit. You must indicate at least one reason to prove your eligibility for the onsite treatment tiers. If you are unsure how these exemptions apply to your operation, contact your CUPA, the DTSC Regional Office closest to you, the U.S. EPA's Region IX RCRA Information Line at (415) 744-2074, or the U.S. EPA RCRA Hotline at (800) 424-9346. The eight most common reasons for not needing a federal permit are listed on the page. There is also a space to specify another reason and a citation. The following terms used on the page are defined in 40 CFR 260.10:

- wastewater treatment unit means a device which (1) is part of a wastewater treatment facility regulated under section 402 or 307(b) of the Clean Water Act, and (2) receives and treats or stores an influent wastewater that is a hazardous waste or that generates and accumulates a wastewater treatment sludge that is a hazardous waste or that treats or stores a wastewater treatment sludge which is a hazardous waste, and (3) meets the definition of tank or tank system.
- elementary neutralization unit means a device which (1) is used for neutralizing wastes that are hazardous only because they exhibit the corrosivity characteristic or they are listed only for this reason, and (2) meets the definition of tank, tank system, container, transport vehicle, or vessel.
- totally enclosed treatment facility means a facility for the treatment of hazardous waste which is directly connected to an industrial production process and which is constructed and operated in a manner which prevents the release of any hazardous waste or any constituent thereof into the environment during treatment.
- NPDES permit: A permit issued by a regional water board allowing discharge of waste to the environment under the National Pollutant Discharge Elimination System (NPDES).

616 RESIDUALS MANAGEMENT DESCRIPTION - Check the management of residuals. If appropriate, describe "other" method of handling the residuals.

617 SECONDARY CONTAINMENT INSTALLATION DATE - Enter the date the secondary containment was installed.

UNIFIED PROGRAM (UP) FORM
ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – UNIT PAGE

(one page and attachments per unit)

Page ___ of ___

FACILITY ID# | | | | | | | | | | | | | 1 | BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

I. TREATMENT UNIT

UNIT ID# 606	UNIT TYPE/TIER 607	NUMBER OF TANKS 608	NUMBER OF CONTAINERS /TREATMENT AREAS 609
	☐ a CESQT ☐ b CESW ☐ c CA ☐ d PBR ☐ e CEL		
UNIT NAME 610		MONTHLY TREATMENT VOLUME 611	UNIT OF MEASURE 612 ☐ a Pounds ☐ b Gallons

SPECIFIC WASTE TYPE TREATED (narrative) 613

TREATMENT PROCESS DESCRIPTION (narrative) 614

(NOTE: for each treatment unit, complete and attach the appropriate Waste And Treatment Process Combinations page)

II. BASIS FOR NOT NEEDING FEDERAL PERMIT (Check all that apply)

☐ a. The treated waste is not a hazardous waste under federal law (California-only waste).

☐ b. Treated in waste water treatment units (tanks) and discharged to a Publicly Owned Treatment Works (POTW)/ sewering agency or under an NPDES permit.

☐ c. Treatment in elementary neutralization units.

☐ d. Treatment in a totally enclosed treatment facility.

☐ e. Federal conditionally exempt small quantity generator (generated 100 kg, approximately 27 gallons, or less of hazardous waste in a calendar month).

☐ f. Treatment in an accumulation tank or container within 90 days for over 1000 kg/month generators and 180 or 270 days for generators of 100 to 1000 kg/month. 615

☐ g. Recyclable materials are reclaimed to recover silver or other precious metals.

☐ h. Empty container rinsing and/or treatment.

☐ i. Other (specity below)

_____

III. RESIDUALS MANAGEMENT DESCRIPTION (Check all that apply)

☐ a. Discharge non-hazardous aqueous waste to POTW or sewer.

☐ b. Discharge non-hazardous aqueous waste under a NPDES permit.

☐ c. Dispose of non-hazardous solid waste residues at an offsite location.

Residual hazardous waste hauled offsite by a registered hauler. 616

☐ d. Offsite recycling
☐ e. Thermal treatment
☐ f. Disposal to land
☐ g. Further treatment
☐ h. Other method of disposal (describe below)

_____

SECONDARY CONTAINMENT INSTALLATION DATE (If required) 617

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY	
CUPA	PA	DISTRICT	INSPECTOR

Waste and Treatment Process Combinations

The Waste and Treatment Process Combinations pages list those waste and treatment combinations certified by DTSC pursuant to HSC § 25200.1.5 for authorization under CE, CA, and PBR tiers. Each page is specific to a tier, with each tier specific page listing the wastes and treatment processes eligible under that tier. Note that some of the categories have volume or concentration restrictions that must be met in order to qualify for that tier. Additionally, some of the wastes refer to 22 CCR and others to the Health and Safety Code.

Complete one Waste and Treatment Process Combinations page for each unit, except CE-CL units.

(Note: the numbering of the instructions follows the data element numbers that are on the UP Form pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

606. UNIT ID NUMBER - Enter the unit ID number (same as item 606 from the Onsite Hazardous Waste Treatment Notification - Unit page).

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.

627. WASTE AND TREATMENT PROCESS COMBINATIONS - CESQT
628. WASTE AND TREATMENT PROCESS COMBINATIONS - CESW
629. WASTE AND TREATMENT PROCESS COMBINATIONS - CA
630. WASTE AND TREATMENT PROCESS COMBINATIONS - PBR
631. WASTE AND TREATMENT PROCESS COMBINATIONS - CEL

Use the correct page for the unit. Check the waste and treatment process(es) that pertain to the unit. If the process is a technology certified by DTSC, please enter the Certified Technology Number (Cert. #). Certified technologies appropriate for authorization, and the eligible tiers, are listed below.

Note that reactive and extremely hazardous wastes are not allowed to be treated under any of the onsite treatment tiers, except for certain wastes under Conditionally Exempt - Specified Wastestreams.

CERTIFIED TECHNOLOGIES

DTSC is authorized to certify hazardous waste technologies. Appropriate certified technologies may be eligible for CE, CA or PBR onsite treatment tiers. As of April 1, 1999, there is one certified technology for these tiers. The certification is for aldehyde treatment processes and is eligible for the CESW tier. The approved technology is:

Neutralex	SCIGEN
Cert. #. 97-01-0024	333 East Gardena Blvd. Gardena, CA 90248
Effective Date:	June 29, 1997 (expires June 29, 2000)
Description:	Batch treatment for 10 percent Formalin generated by medical, educational, and laboratory facilities. Chemically treats in a provided 8 liter vessel. After testing, allows for disposal to sanitary sewer.
Tier:	Authorized for the CESW tier.

A copy of published Certification Statements and additional updates may be obtained by contacting DTSC at (916) 322-3670 or from the Cal/EPA on-line Bulletin Board via modem at (916) 322-5041 or at www.dtsc.ca.gov/.

UNIFIED PROGRAM (UP) FORM
ONSITE HAZARDOUS WASTE TREATMENT: CONDITIONALLY EXEMPT SMALL QUANTITY TREATMENT (CESQT)

WASTE AND TREATMENT PROCESS COMBINATIONS (one page per treatment unit - check all that apply)

UNIT ID# 606 Facility ID# 1 Page ___ of ___

CESQT = **treats < 55 gallons or 500 pounds of hazardous waste in any calendar month** in ALL units at this facility (NOT a limit for each wastestream or unit separately). CESQT generators may not hold other state or federal hazardous waste permit or authorization for this facility, including other onsite tiers.

1. Aqueous wastes containing hexavalent chromium may be treated by the following process: 627

☐ a. Reduction of hexavalent chromium to trivalent chromium with sodium bisulfite, sodium metabisulfite, sodium thiosulfate, ferrous sulfate, ferrous sulfide or sulfur dioxide provided both pH and addition of the reducing agent are automatically controlled.

2. Aqueous wastes containing metals listed in Title 22, CCR, Section 66261.24 (a)(2) and/or fluoride salts may be treated by the following technologies:

☐ a. pH adjustment or neutralization.
☐ b. Precipitation or crystallization.
☐ c. Phase separation by filtration, centrifugation or gravity settling.
☐ d. Ion exchange.
☐ e. Reverse osmosis.
☐ f. Metallic replacement.
☐ g. Plating the metal onto an electrode.
☐ h. Electrodialysis
☐ i. Electrowinning or electrolytic recovery
☐ j. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ k. Evaporation.
☐ l. Adsorption

3. Aqueous wastes with total organic carbon less than 10% as measured by EPA Method 9060 and less than 1% total volatile organic compounds as measured by EPA Method 8240 may be treated by the following technologies::

☐ a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
☐ b. Adsorption.
☐ c. Distillation.
☐ d. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.
☐ e. Photodegradation using ultraviolet light, with or without the addition of hydrogen peroxide or ozone, provided the treatment is conducted in an enclosed system.
☐ f. Air stripping or steam stripping.

4. Sludges, dusts, solid metal objects and metal workings which contain or are contaminated with metals listed in Title 22, CCR, Section 66261.24 (a)(2) and/or fluoride salts may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Physical processes which change only the physical properties of the waste such as grinding, shredding, crushing or compacting.
☐ c. Drying to remove water.
☐ d. Separation based on differences in physical properties such as size, magnetism or density.

5. Alum, gypsum, lime, sulfur or phosphate sludges may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Drying to remove water.
☐ c. Phase separation by filtration, centrifugation or gravity settling.

6. Wastes identified in Title 22, CCR, Section 66261.120, that meet the criteria and requirements for special waste classification in Section 66261.22 may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Drying to remove water.
☐ c. Phase separation by filtration, centrifugation or gravity settling.
☐ d. Screening to separate components based on size.
☐ e. Separation based on differences in physical properties such as size, magnetism or density.

7. Wastes, except asbestos, which have been classified by the Department as special wastes pursuant to Title 22, CCR, Section 66261.124, my be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Drying to remove water
☐ c. Phase separation by filtration, centrifugation or gravity settling.
☐ d. Magnetic separation

8. Inorganic acid or alkaline wastes may be treated by the following technology:

☐ a. pH adjustment or neutralization.

9. Soils contaminated with metals listed in Title 22, CCR, Section 66261.24(a)(2), (Persistent and Bioaccumulative Toxic Substances) may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Screening to separate components based on size.
☐ c. Magnetic separation.

10. Used oil, unrefined oil waste, mixed oil, oil mixed with water and oil/water separation sludges may be treated by the following technologies:

☐ a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
☐ b. Distillation.
☐ c. Neutralization.
☐ d. Separation based on differences in physical properties such as size, magnetism or density.
☐ e. Reverse osmosis.
☐ f. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.

11. Containers of 110 gallons or less capacity which are not constructed of wood, paper, cardboard, fabric, or any other similar absorptive material, which have been emptied as specified in Title 40 of the Code of Federal Regulations, section 261.7 or inner liners removed from empty containers that once held hazardous waste or hazardous material and which are not excluded from regulation may be treated by the following technologies provided the treated containers and rinseate are managed in compliance with applicable requirements.

☐ a. Rinsing with a suitable liquid capable of dissolving or removing the hazardous constituents which the container held.
☐ b. Physical processes such as crushing, shredding, grinding or puncturing, that change only the physical properties of the container or inner liner, provided the container or inner liner is first rinsed and the rinseate is removed from the container or inner liner.

12. Multi-component resins may be treated by the following process:

☐ a. Mixing the resin components in accordance with the manufacturer's instructions.

13. A waste stream technology combination certified by the Department pursuant to Section 25200.1.5 of the Health and Safety Code as appropriate for authorization under CESQT.

☐ _____ Certified Technology Number

Waste and Treatment Process Combinations

The Waste and Treatment Process Combinations pages list those waste and treatment combinations certified by DTSC pursuant to HSC § 25200.1.5 for authorization under CE, CA, and PBR tiers. Each page is specific to a tier, with each tier specific page listing the wastes and treatment processes eligible under that tier. Note that some of the categories have volume or concentration restrictions that must be met in order to qualify for that tier. Additionally, some of the wastes refer to 22 CCR and others to the Health and Safety Code.

Complete one Waste and Treatment Process Combinations page for each unit, except CE-CL units.

(Note: the numbering of the instructions follows the data element numbers that are on the UP Form pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

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1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.

627. WASTE AND TREATMENT PROCESS COMBINATIONS - CESQT
628. WASTE AND TREATMENT PROCESS COMBINATIONS - CESW
629. WASTE AND TREATMENT PROCESS COMBINATIONS - CA
630. WASTE AND TREATMENT PROCESS COMBINATIONS - PBR
631. WASTE AND TREATMENT PROCESS COMBINATIONS - CEL

Use the correct page for the unit. Check the waste and treatment process(es) that pertain to the unit. If the process is a technology certified by DTSC, please enter the Certified Technology Number (Cert. #). Certified technologies appropriate for authorization, and the eligible tiers, are listed below.

Note that reactive and extremely hazardous wastes are not allowed to be treated under any of the onsite treatment tiers, except for certain wastes under Conditionally Exempt - Specified Wastestreams.

CERTIFIED TECHNOLOGIES

DTSC is authorized to certify hazardous waste technologies. Appropriate certified technologies may be eligible for CE, CA or PBR onsite treatment tiers. As of April 1, 1999, there is one certified technology for these tiers. The certification is for aldehyde treatment processes and is eligible for the CESW tier. The approved technology is:

Neutralex	SCIGEN
Cert. #. 97-01-0024	333 East Gardena Blvd. Gardena, CA 90248
Effective Date:	June 29, 1997 (expires June 29, 2000)
Description:	Batch treatment for 10 percent Formalin generated by medical, educational, and laboratory facilities. Chemically treats in a provided 8 liter vessel. After testing, allows for disposal to sanitary sewer.
Tier:	Authorized for the CESW tier.

A copy of published Certification Statements and additional updates may be obtained by contacting DTSC at (916) 322-3670 or from the Cal/EPA on-line Bulletin Board via modem at (916) 322-5041 or at www.dtsc.ca.gov.

UNIFIED PROGRAM (UP) FORM
ONSITE HAZARDOUS WASTE TREATMENT
CONDITIONALLY EXEMPT – SPECIFIED WASTESTREAMS (CESW) PAGE

WASTE AND TREATMENT PROCESS COMBINATIONS **(one page per treatment unit – check all that apply)**

UNIT ID# _____ 606 Facility ID# _____ 1 Page ___ of ___ 628

☐ 1. Treating resins mixed or cured in accordance with the manufacturer's instructions (including one-part and pre-impregnated materials).

☐ 2. Treating a container of 110 gallons or less capacity, which is not constructed of wood, paper, cardboard, fabric or any other similar absorptive materials, for the purposes of emptying the container as specified by Section 66261.7 of Title 22 of the California Code of Regulations, as revised July 1, 1990, or treats the inner liners removed from empty containers that once held hazardous waste or hazardous material. The generator shall treat the container or inner liner by using the following technologies, provided the treated containers and rinseate are managed in compliance with the applicable requirements of this chapter:

(A) The generator rinses the container or inner liner with a suitable liquid capable of dissolving or removing the hazardous constituents which the container held, and/or,

(B) The generator uses physical processes, such as crushing, shredding, grinding, or puncturing, that change only the physical properties of the container or inner liner, if the container or inner liner is first rinsed as provided in subparagraph (A) and the rinseate is removed from the container or inner liner.

☐ 3. Drying special wastes, as classified by the Department pursuant to Title 22, CCR, Section 66261.124, by pressing or by passive or heat-aided evaporation to remove water.

☐ 4. Magnetic separation or screening to remove components from special waste, as classified by the Department pursuant to Title 22, CCR, Section 66261.124.

5. Not in use/exempted—formerly neutralization and regeneration or ion exchange media used to demineralize water.

6. Not in use/exempted—formerly neutralization of food processing waste.

7. Not in use/exempted—formerly recovery of silver from photofinishing.

8. Gravity separation of the following, including the use of flocculants and demulsifiers if:

☐ a. The settling of solids from the waste where the resulting aqueous/liquid stream is not hazardous.

☐ b. The separation of oil/water mixtures and separation sludges, if the average oil recovered per month is less than 25 barrels (42 gallons per barrel). (Note: some used oil/water separation is eligible for CEL.)

☐ 9. Neutralizing acidic or alkaline (basic) material by a state certified laboratory, a laboratory operated by an educational institution, or a laboratory which treats less than one gallon of onsite generated hazardous waste in any single batch. (To be eligible for conditional exemption, this waste cannot contain more than 10 percent acid or base by weight.)

☐ 10. Hazardous waste treatment is carried out in quality control or quality assurance laboratory at a facility that is not an offsite hazardous waste facility.

☐ 11. A wastestream and treatment technology combination certified by the Department pursuant to Section 25200.1.5 of the Health and Safety Code as appropriate for authorization under CESW.

_____ Certified Technology Number

☐ 12. The treatment of formaldehyde or glutaraldehyde by a health care facility using a technology combination certified by the Department pursuant to section 25200.1.5 of the Health and Safety Code.

_____ Certified Technology Number

Waste and Treatment Process Combinations

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Complete one Waste and Treatment Process Combinations page for each unit, except CE-CL units.

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627. WASTE AND TREATMENT PROCESS COMBINATIONS - CESQT
628. WASTE AND TREATMENT PROCESS COMBINATIONS - CESW
629. WASTE AND TREATMENT PROCESS COMBINATIONS - CA
630. WASTE AND TREATMENT PROCESS COMBINATIONS - PBR
631. WASTE AND TREATMENT PROCESS COMBINATIONS - CEL

Use the correct page for the unit. Check the waste and treatment process(es) that pertain to the unit. If the process is a technology certified by DTSC, please enter the Certified Technology Number (Cert. #). Certified technologies appropriate for authorization, and the eligible tiers, are listed below.

Note that reactive and extremely hazardous wastes are not allowed to be treated under any of the onsite treatment tiers, except for certain wastes under Conditionally Exempt - Specified Wastestreams.

CERTIFIED TECHNOLOGIES

DTSC is authorized to certify hazardous waste technologies. Appropriate certified technologies may be eligible for CE, CA or PBR onsite treatment tiers. As of April 1, 1999, there is one certified technology for these tiers. The certification is for aldehyde treatment processes and is eligible for the CESW tier. The approved technology is:

Neutralex	SCIGEN
Cert. #. 97-01-0024	333 East Gardena Blvd. Gardena, CA 90248
Effective Date:	June 29, 1997 (expires June 29, 2000)
Description:	Batch treatment for 10 percent Formalin generated by medical, educational, and laboratory facilities. Chemically treats in a provided 8 liter vessel. After testing, allows for disposal to sanitary sewer.
Tier:	Authorized for the CESW tier.

A copy of published Certification Statements and additional updates may be obtained by contacting DTSC at (916) 322-3670 or from the Cal/EPA on-line Bulletin Board via modem at (916) 322-5041 or at www.dtsc.ca.gov.

UNIFIED PROGRAM (UP) FORM
ONSITE HAZARDOUS WASTE TREATMENT
CONDITIONALLY EXEMPT – LIMITED (CEL) PAGE

WASTE AND TREATMENT PROCESS COMBINATIONS

(one page per treatment unit – check all that apply))

Unit ID# _____ 606 Facility ID# _____ 1 Page ___ of ___

631

☐ 1. Puncturing, draining, or crushing of aerosol cans, at ambient temperature, using equipment or technology combination certified by the Department of Toxic Substances control (DTSC) pursuant to section 25200.1.5 of the Health and Safety Code. The equipment must capture gaseous and liquid contents, prevent fire, explosion, and unauthorized

_____ Certified Technology Number

NOTE: This category is not available until DTSC certifies a manufacturer's equipment.

2. The separation of used oil from water, provided that the wastesteam is hazardous solely due to the oil and the used oil is properly transported to an authorized offsite oil recycler. Treatment using:

☐ a. Gravity separation.

☐ b. A centrifuge.

☐ c. A membrane technology.

☐ d. Heating of the water containing used oil to a temperature that is not more than 20 degrees Fahrenheit below the flashpoint of the used oil component of the mixture at atmospheric pressure.

☐ e. The addition of demulsifiers to the water containing used oil.

NOTE: The authorized separation of used oil from water under this wastestream may not include contaminated groundwater or water containing any measurable amounts of gasoline or more than two percent (2%) diesel fuel (combination of Number 1 or 2 fuel).

Waste and Treatment Process Combinations

The Waste and Treatment Process Combinations pages list those waste and treatment combinations certified by DTSC pursuant to HSC § 25200.1.5 for authorization under CE, CA, and PBR tiers. Each page is specific to a tier, with each tier specific page listing the wastes and treatment processes eligible under that tier. Note that some of the categories have volume or concentration restrictions that must be met in order to qualify for that tier. Additionally, some of the wastes refer to 22 CCR and others to the Health and Safety Code.

Complete one Waste and Treatment Process Combinations page for each unit, except CE-CL units.

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Use the correct page for the unit. Check the waste and treatment process(es) that pertain to the unit. If the process is a technology certified by DTSC, please enter the Certified Technology Number (Cert. #). Certified technologies appropriate for authorization, and the eligible tiers, are listed below.

Note that reactive and extremely hazardous wastes are not allowed to be treated under any of the onsite treatment tiers, except for certain wastes under Conditionally Exempt - Specified Wastestreams.

CERTIFIED TECHNOLOGIES

DTSC is authorized to certify hazardous waste technologies. Appropriate certified technologies may be eligible for CE, CA or PBR onsite treatment tiers. As of April 1, 1999, there is one certified technology for these tiers. The certification is for aldehyde treatment processes and is eligible for the CESW tier. The approved technology is:

Neutralex	SCIGEN
Cert. #. 97-01-0024	333 East Gardena Blvd.
	Gardena, CA 90248
Effective Date:	June 29, 1997 (expires June 29, 2000)
Description:	Batch treatment for 10 percent Formalin generated by medical, educational, and laboratory facilities. Chemically treats in a provided 8 liter vessel. After testing, allows for disposal to sanitary sewer.
Tier:	Authorized for the CESW tier.

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ONSITE HAZARDOUS WASTE TREATMENT - CONDITIONALLY AUTHORIZED (CA) PAGE

WASTE AND TREATMENT PROCESS COMBINATIONS

(one page per treatment unit – check all that apply))

Unit ID# _____ 606 Facility ID# _____ 1 Page ___ of ___

1. Aqueous wastes, hazardous solely due to inorganic constituents, except asbestos, listed in Title 22, CCR, Section 66261.24(a)(1)(B) or (a)(2)(A) and which contain less than 1,400 ppm total of these constituents. (There is no volume limit for this wastestream.) Treatment using: 629

- ☐ a. Phase separation, including precipitation, by filtration, centrifugation, or gravity settling, including the use of demulsifiers and flocculants.
- ☐ b. Ion exchange, including metallic replacement
- ☐ c. Reverse osmosis
- ☐ d. Adsorption
- ☐ e. pH adjustment of aqueous waste with a pH of between 2.0 and 12.5
- ☐ f. Electrowinning of solutions, unless those solutions contain hydrochloric acid
- ☐ g. Reduction of solutions hazardous solely due to hexavalent chromium, to trivalent chromium with sodium bisulfite, sodium metabisulfite, sodium thiosulfate, ferrous chloride, ferrous sulfate, ferrous sulfide, or sulfur dioxide. The solution contains less than 750 ppm of hexavalent chromium.

2. Aqueous wastes, hazardous solely due to organic constituents listed in Title 22, CCR, Section 66261.24(a)(1)(B) or (2)(B) and which contain less than 750 ppm total of these constituents. (There is no volume limit for this wastestream.) Treatment using:

- ☐ a. Phase separation by filtration, centrifugation, or gravity settling, but excluding super critical fluid extraction.
- ☐ b. Adsorption

3. Sludges resulting from wastewater treatment, dusts, solid metal objects, and metal workings which are hazardous solely due to the presence of constituents, except asbestos, listed in Title 22, CCR, Section 66261.24(a)(1)(B) or (a)(2)(A) and which, for dusts only, contain less than 750 ppm total of these constituents. The monthly volume treated in this unit does not exceed 5,000 gallons or 45,000 pounds. Treatment using:

- ☐ a. Physical processes which constitute treatment only because they change the physical properties of the waste, such as filtration, centrifugation, gravity settling, grinding, shredding, crushing, or compacting.
- ☐ b. Drying to remove water.
- ☐ c. Separation based on differences in physical properties, such a size, magnetism, or density.

4. Alum, gypsum, lime, sulfur, or phosphate sludges. The monthly volume treated in this unit does not exceed 5,000 gallons or 45,000 pounds. Treatment using:

- ☐ a. Drying to remove water.
- ☐ b. Phase separation by filtration, centrifugation, or gravity settling.

5. Special wastes listed in Title 22, CCR, Section 66261.120 that meet the criteria in Title 22, CCR, Section 66261.122 which is hazardous solely due to the constituents, except asbestos, listed in Title 22, CCR, Section 66261.24(a)(1)(B) or (a)(2)(A) and which contain less than 750 ppm total of these constituents. The monthly volume treated in this unit does not exceed 5,000 gallons or 45,000 pounds. Treatment using:

- ☐ a. Drying to remove water.
- ☐ b. Phase separation by filtration, centrifugation, or gravity settling.
- ☐ c. Screening to separate components based on size.
- ☐ d. Separation based on differences in physical properties, such as size, magnetism, or density.

6. Special wastes classified under Title 22, CCR, Section 66261.124 as special wastes, except asbestos, which is hazardous solely due to the constituents, except asbestos, listed inTitle 22, CCR, Section 66261.24(a)(1)(B) or (a)(2)(A) and which contain less than 750 ppm total of these constituents. The monthly volume treated in this unit does not exceed 5,000 gallons or 45,000 pounds. Treatment using:

- ☐ a. Drying to remove water.
- ☐ b. Phase separation by filtration, centrifugation, or gravity settling.
- ☐ c. Magnetic separation

7. Soils contaminated with metals listed in Title 22, CCR, Section 66261.24(a)(2)(A). The monthly volume treated in this unit does not exceed 5,000 gallons or 45,000 pounds. Treatment using:

- ☐ a. Screening to separate components based on size.
- ☐ b. Magnetic separation.

8. Oil mixed with water and oil/water separation sludges. (There is no volume limit for this wastestream.) Treatment using: (NOTE: Some used oil/water separation is allowed under the CEL category.)

- ☐ a. Phase separation by filtration, centrifugation, or gravity settling, but excluding super critical fluid extraction, including the use of demulsifiers and flocculants. Heat can be used, but must not exceed 160 degrees Fahrenheit.
- ☐ b. Separation based on differences in physical properties, such a size, magnetism, or density.
- ☐ c. Reverse osmosis.

9. Neutralization of acidic or alkaline wastes, hazardous solely due to corrosivity, or toxic only from the acid or caustic material, in elementary neutralization units. (There is no volume limit for this wastestream.)

- ☐ a. The waste contains less than 10 percent acid or base constituents by weight. There is no volume limit for this category.
- ☐ b. The waste contains 10 percent or more acid or base constituents by weight and is treated in batches that do not exceed 500 gallons at one time.

10. Not in use/exempted—formerly recovery of silver from photofinishing.

11. Not in use/sunsetted—formerly treatment of spent cleaners and conditioners which are hazardous solely due to copper or copper compounds. Treatment of this wastestream is no longer allowed under Conditional Authorization as of January 1, 1998. Treatment of this wastestream now requires authorization under either Permit by Rule or, if the total volume treated is less than 55 gallons per month, under Conditionally Exempt Small Quantity Treatment.

12. A wastestream technology combination certified by the Department pursuant to Section 25200.1.5 of the Health and Safety Code as appropriate for authorization under Conditional Authorization.

☐ Certified Technology Number _____

Waste and Treatment Process Combinations

The Waste and Treatment Process Combinations pages list those waste and treatment combinations certified by DTSC pursuant to HSC § 25200.1.5 for authorization under CE, CA, and PBR tiers. Each page is specific to a tier, with each tier specific page listing the wastes and treatment processes eligible under that tier. Note that some of the categories have volume or concentration restrictions that must be met in order to qualify for that tier. Additionally, some of the wastes refer to 22 CCR and others to the Health and Safety Code.

Complete one Waste and Treatment Process Combinations page for each unit, except CE-CL units.

(Note: the numbering of the instructions follows the data element numbers that are on the UP FORM pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

606. UNIT ID NUMBER - Enter the unit ID number (same as item 606 from the Onsite Hazardous Waste Treatment Notification - Unit page).

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.

627. WASTE AND TREATMENT PROCESS COMBINATIONS - CESQT
628. WASTE AND TREATMENT PROCESS COMBINATIONS - CESW
629. WASTE AND TREATMENT PROCESS COMBINATIONS - CA
630. WASTE AND TREATMENT PROCESS COMBINATIONS - PBR
631. WASTE AND TREATMENT PROCESS COMBINATIONS - CEL

Use the correct page for the unit. Check the waste and treatment process(es) that pertain to the unit. If the process is a technology certified by DTSC, please enter the Certified Technology Number (Cert. #). Certified technologies appropriate for authorization, and the eligible tiers, are listed below.

Note that reactive and extremely hazardous wastes are not allowed to be treated under any of the onsite treatment tiers, except for certain wastes under Conditionally Exempt - Specified Wastestreams.

CERTIFIED TECHNOLOGIES

DTSC is authorized to certify hazardous waste technologies. Appropriate certified technologies may be eligible for CE, CA or PBR onsite treatment tiers. As of April 1, 1999, there is one certified technology for these tiers. The certification is for aldehyde treatment processes and is eligible for the CESW tier. The approved technology is:

Neutralex	SCIGEN
Cert. #. 97-01-0024	333 East Gardena Blvd.
	Gardena, CA 90248
Effective Date:	June 29, 1997 (expires June 29, 2000)
Description:	Batch treatment for 10 percent Formalin generated by medical, educational, and laboratory facilities. Chemically treats in a provided 8 liter vessel. After testing, allows for disposal to sanitary sewer.
Tier:	Authorized for the CESW tier.

A copy of published Certification Statements and additional updates may be obtained by contacting DTSC at (916) 322-3670 or from the Cal/EPA on-line Bulletin Board via modem at (916) 322-5041 or at www.dtsc.ca.gov.

UNIFIED PROGRAM (UP) FORM
ONSITE HAZARDOUS WASTE TREATMENT
PERMIT BY RULE (PBR) PAGE

WASTE AND TREATMENT PROCESS COMBINATIONS (one page per treatment unit – check all that apply)

Unit ID# _____ 606 Facility ID# _____ 1 Page _____ of _____

1. Aqueous waste containing hexavalent chromium may be treated by the following process: 630

☐ a. Reduction of hexavalent chromium to trivalent chromium with sodium bisulfite, sodium metabisulfite, sodium thiosulfate, ferrous sulfate, ferrous sulfide or sulfur dioxide provided both pH and addition of the reducing agent are automatically controlled.

2. Aqueous wastes containing metals listed in Title 22, CCR, Section 66261.24 (a)(2) and/or fluoride salts may be treated by the following technologies:

☐ a. pH adjustment or neutralization
☐ b. Precipitation or crystallization
☐ c. Phase separation by filtration, centrifugation, or gravity settling
☐ d. Ion exchange
☐ e. Reverse osmosis
☐ f. Metallic replacement
☐ g. Plating the metal onto an electrode.
☐ h. Electrodialysis.
☐ i. Electrowinning or electrolytic recovery.
☐ j. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ k. Evaporation.
☐ l. Adsorption.

3. Aqueous wastes with total organic carbon less than 10% as measured by EPA Method 9060 and less than 1% total volatile organic compounds as measured by EPA Method 8240 may be treated by the following technologies:

☐ a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
☐ b. Adsorption.
☐ c. Distillation.
☐ d. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.
☐ e. Photodegradation using ultraviolet light, with or without the addition of hydrogen peroxide or ozone, provided the treatment is conducted in an enclosed system.
☐ f. Air stripping or steam stripping.

4. Sludges, dusts, solid metal objects and metal workings which contain or are contaminated with metals listed in Title 22, CCR, Section 66261.24(a)(2) and/or fluoride salts may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Physical processes which change only the physical properties of the waste such as grinding, shredding, crushing, or compacting.
☐ c. Drying to remove water.
☐ d. Separation based on differences in physical properties such as size, magnetism or density.

5. Alum, gypsum, lime, sulfur or phosphate sludges may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Drying to remove water
☐ c. Phase separation by filtration, centrifugation or gravity settling.

6. Wastes identified in Title 22, CCR, Section 66261.120, that meet the criteria and requirements for special waste classification in Section 66261.122 may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Drying to remove water.
☐ c. Phase separation by filtration, centrifugation or gravity settling.
☐ d. Screening to separate components based on size.
☐ e. Separation based on differences in physical properties such as size, magnetism or density.

7. Wastes, except asbestos, which have been classified by the Department as special wastes pursuant to Title 22, CCR, Section 66261.124, may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Drying to remove water.
☐ c. Phase separation by filtration, centrifugation or gravity settling.
☐ d. Magnetic separation.

8. Inorganic acid or alkaline wastes may be treated by the following technology:

☐ a. pH adjustment or neutralization.

9. Soils contaminated with metals listed in Title 22, CCR, Section 66261.24(a)(2), (Persistent and Bioaccumulative Toxic Substances) may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Screening to separate components based on size.
☐ c. Magnetic separation.

10. Used oil, unrefined oil waste, mixed oil, oil mixed with water and oil/water separation sludges may be treated by the following technologies:

☐ a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
☐ b. Distillation.
☐ c. Neutralization
☐ d. Separation based on differences in physical properties such as size, magnetism or density.
☐ e. Reverse osmosis.
☐ f. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.

11. Containers of 110 gallons or less capacity which are not constructed of wood, paper, cardboard, fabric or any other similar absorptive material, which have been emptied as specified in Title 40 of the Code of Federal Regulations, Section 261.7 or inner liners removed from empty containers that once held hazardous waste or hazardous material and which are not excluded from regulation may be treated by the following technologies provided the treated containers and rinseate are managed in compliance with applicable requirements.

☐ a. Rinsing with a suitable liquid capable of dissolving or removing the hazardous constituents which the container held.
☐ b. Physical processes such as crushing, shredding, grinding or puncturing, that change only the physical properties of the container or inner liner, provided the container or inner liner is first rinsed and the rinseate is removed from the container or inner liner.

12. Multi-component resins may be treated by the following process:

☐ a. Mixing the resin components in accordance with the manufacturer's instructions.

13. A waste stream technology combination certified by the Department pursuant to Section 25200.1.5 of the Health and Safety Code as appropriate for authorization under Permit by Rule.

_____ Certified Technology Number

14. Aqueous wastes generated by rinsing products and fixtures holding products that were processed in cyanide containing solutions may be treated by the following technologies:

- ☐ Oxidation by addition of hypochlorite
- ☐ Oxidation by addition of peroxide or ozone, with or without the use of ultraviolet light
- ☐ Alkaline chlorination
- ☐ Electrochemical oxidation
- ☐ Ion exchange
- ☐ Reverse osmosis

15. Aqueous wastes generated by reverse osmosis or the regeneration of demineralizer (ion exchange) columns that were used for recycling of wastewaters at facilities that maintain zero discharge of wastewaters derived from the treatment of cyanide-containing aqueous waste

- ☐ Oxidation by addition of hypochlorite
- ☐ Oxidation by addition of peroxide or ozone, with or without the use of ultraviolet light
- ☐ Alkaline chlorination
- ☐ Electrochemical oxidation
- ☐ Ion exchange
- ☐ Reverse osmosis

16. Rinsate from rinsing equipment used to transfer aqueous solutions containing cyanides such as containers, pumps, and hoses may be treated by the following technologies:

- ☐ Oxidation by addition of hypochlorite
- ☐ Oxidation by addition of peroxide or ozone, with or without the use of ultraviolet light
- ☐ Alkaline chlorination
- ☐ Electrochemical oxidation
- ☐ Ion exchange
- ☐ Reverse osmosis

17. Aqueous wastes generated by the following onsite recycling activities 1) Rinsing spent anode bags prior to onsite reuse; or 2) Rinsing empty containers prior to onsite reuse may be treated by the following technologies:

- ☐ Oxidation by addition of hypochlorite
- ☐ Oxidation by addition of peroxide or ozone, with or without the use of ultraviolet light
- ☐ Alkaline chlorination
- ☐ Electrochemical oxidation
- ☐ Ion exchange
- ☐ Reverse osmosis

18. Aqueous wastes generated by onsite laboratories conducting analyses and testing may be treated by the following technologies:

- ☐ Oxidation by addition of hypochlorite
- ☐ Oxidation by addition of peroxide or ozone, with or without the use of ultraviolet light
- ☐ Alkaline chlorination
- ☐ Electrochemical oxidation
- ☐ Ion exchange
- ☐ Reverse osmosis

19. Process solutions containing cyanides with recoverable amounts of metal may be treated by the following technology:

- ☐ Electrowinning to recover metals prior to further treatment, including destruction of incidental amounts of cyanide by electrochemical oxidation resulting from the electrowinning process

20. Process solutions containing cyanides added slowly to a rinse tank at a level that never exceeds 5000 milligrams per liter cyanide in the rinse tank may be treated by the following technologies:

- ☐ Oxidation by addition of hypochlorite
- ☐ Oxidation by addition of peroxide or ozone, with or without the use of ultraviolet light
- ☐ Alkaline chlorination
- ☐ Electrochemical oxidation
- ☐ Ion exchange
- ☐ Reverse osmosis

Waste and Treatment Process Combinations

The Waste and Treatment Process Combinations pages list those waste and treatment combinations certified by DTSC pursuant to HSC § 25200.1.5 for authorization under CE, CA, and PBR tiers. Each page is specific to a tier, with each tier specific page listing the wastes and treatment processes eligible under that tier. Note that some of the categories have volume or concentration restrictions that must be met in order to qualify for that tier. Additionally, some of the wastes refer to 22 CCR and others to the Health and Safety Code.

Complete one Waste and Treatment Process Combinations page for each unit, except CE-CL units.

(Note: the numbering of the instructions follows the data element numbers that are on the UP FORM pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, division 3, subdivision 1, chapter 1-5.)

Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

606. UNIT ID NUMBER - Enter the unit ID number (same as item 606 from the Onsite Hazardous Waste Treatment Notification - Unit page).

2. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.

627. WASTE AND TREATMENT PROCESS COMBINATIONS - CESQT
628. WASTE AND TREATMENT PROCESS COMBINATIONS - CESW
629. WASTE AND TREATMENT PROCESS COMBINATIONS - CA
630. WASTE AND TREATMENT PROCESS COMBINATIONS - PBR
631. WASTE AND TREATMENT PROCESS COMBINATIONS - CEL

Use the correct page for the unit. Check the waste and treatment process(es) that pertain to the unit. If the process is a technology certified by DTSC, please enter the Certified Technology Number (Cert. #). Certified technologies appropriate for authorization, and the eligible tiers, are listed below.

Note that reactive and extremely hazardous wastes are not allowed to be treated under any of the onsite treatment tiers, except for certain wastes under Conditionally Exempt - Specified Wastestreams.

CERTIFIED TECHNOLOGIES

DTSC is authorized to certify hazardous waste technologies. Appropriate certified technologies may be eligible for CE, CA or PBR onsite treatment tiers. As of April 1, 1999, there is one certified technology for these tiers. The certification is for aldehyde treatment processes and is eligible for the CESW tier. The approved technology is:

Neutralex	SCIGEN
Cert. #. 97-01-0024	333 East Gardena Blvd.
	Gardena, CA 90248
Effective Date:	June 29, 1997 (expires June 29, 2000)
Description:	Batch treatment for 10 percent Formalin generated by medical, educational, and laboratory facilities. Chemically treats in a provided 8 liter vessel. After testing, allows for disposal to sanitary sewer.
Tier:	Authorized for the CESW tier.

A copy of published Certification Statements and additional updates may be obtained by contacting DTSC at (916) 322-3670 or from the Cal/EPA on-line Bulletin Board via modem at (916) 322-5041 or at www.dtsc.ca.gov.

Certification of Financial Assurance

This page is to be completed by the owner or operator of a Fixed Treatment Unit operating under Permit by Rule (PBR), or a generator operating pursuant to a grant of Conditional Authorization (CA). If this is a new facility, this certification should be attached to the Onsite Hazardous Waste Treatment Notification - Facility page. If this is an existing facility and you have previously submitted a Notification, the certification and the financial assurance mechanism may be submitted without another notification.

Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (22 CCR §67450.13(b) and HSC §25245.4). However, you are eligible for an exemption from financial assurance requirements if closure cost estimates are not more than $10,000 (22 CCR §67450.13(d)). PBR operations that operated less than thirty (30) days in any calendar year are also eligible for an exemption (22 CCR §67450.13(e)). Complete the page even if you qualify for an exemption.

An adjustment to the closure cost estimate for inflation is required to be completed by March 1 of each year. See HSC §67450.13(a)(2) for instructions on calculating the adjustment. This updated closure cost estimate must be maintained at the facility.
Refer to 22 CCR §67450.13 for financial assurance requirements.
Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.
2. EPA ID NUMBER Enter the EPA ID number for the facility.
3. BUSINESS NAME Enter the full legal name of the business.

700. CERTIFICATION STATUS Check the reason the certification is being completed.

701. TYPE OF OPERATION Check the type of operation. If type of operation is not listed, check "other" and indicate type in the space provided.

702. ESTIMATED CLOSURE COSTS Enter the total estimated cost of closing each treatment unit and attach a written estimate of the closure costs. The estimated closure cost may be either the actual cost or the estimated cost when using your own staff and/or equipment. The closure cost estimate may take into account any salvage value that may be realized from the sale of wastes, facility structure or equipment, land or other facility assets. Following is a model closure cost estimate:

ACTIVITY	COST
1. Removal, treatment (on-site or off-site), or disposal of waste inventories	_____
2. Removal and disposal of soil	_____
3. Decontamination of equipment and structure	_____
4. Demolition and removal of containment system components or structure	_____
5. Transportation	_____
6. Sampling and analysis of waste, soil, equipment, and structure	_____
7. Certification or other demonstration of closure ("clean" closure or specified level of decontamination)	_____
8. Other expenses (specify)	_____
9. Less Assets (salvage value of waste, equipment or property)	- _____
TOTAL COST OF CLOSURE	= _____

NOTE: For PBR only, if you have operated under PBR for less than 30 days in any calendar year, you qualify for an exemption. If eligible for the exemption, enter "EXEMPT" in this space.

703. EXEMPTION FROM FINANCIAL ASSURANCE Check to claim the exemption from the financial assurance requirements for total closure cost estimate less than or equal to $10,000. A model letter using the required certifications must be submitted to claim this exemption.

704. EXEMPTION FROM FINANCIAL ASSURANCE - OTHER Check to claim "other" reason for exemption from financial assurance requirements. Describe the reason for the exemption in the space provided. Reference the applicable statute or regulation granting the exemption.

705. EXEMPTION FROM FINANCIAL ASSURANCE <30 DAYS PER YEAR - Check to claim the exemption from financial assurance requirements for owner or operator under PBR only and operating no more than thirty days in any calendar year.

706. REQUIREMENT FOR FINANCIAL ASSURANCE Check to indicate whether the financial assurance mechanism is attached.

707. DATE OF CLOSURE ASSURANCE MECHANISM Enter the effective date of the closure financial assurance mechanism.

708. MECHANISM ID NUMBER If applicable, enter the number of the closure assurance mechanism, for example, the insurance policy number.

709. CLOSURE ASSURANCE MECHANISM Check to indicate the type of financial mechanism established to provide the closure cost assurance. Eligible types are contained in 22 CCR §67450.13(a)(5). They are:

1. A closure trust fund, as provided in 22 CCR §66265.143(a); DTSC Form 1154
2. A surety bond guaranteeing payment into a closure trust fund, as described in 22 CCR §66265.143(b); either DTSC Form 1155 or 1156 with DTSC Form 1154
3. A closure letter of credit, as described in 22 CCR §66265.143(c); DTSC Form 1157
4. Closure insurance, as described in 22 CCR §66265.143(d); DTSC Form 1158
5. A financial test and corporate guarantee for closure, as described in 22 CCR §66265.143(e); either DTSC Form 1159 or 1173
6. An alternative mechanism for closure costs, as described in 22 CCR §67450.13(c); (no form)
7. Use of multiple financial mechanisms for closure costs, as described in 22 CCR § 66265.143(g); (no form)
8. A certificate of deposit, as described in section 3-104(2)(c) of the Uniform Commercial Code; (no form) or,
9. A savings account, as described in section 4-104(a) of the Uniform Commercial Code; (no form).

These mechanisms require use of the additional DTSC Financial Assurance forms referenced above. These forms are available from the CUPA or PA or the DTSC Regional Office. When using these forms, verify that the beneficiary is the CUPA or PA, rather than DTSC.

710. FINANCIAL INSTITUTION OR SURETY NAME
711. FINANCIAL INSTITUTION OR SURETY ADDRESS
712. FINANCIAL INSTITUTION OR SURETY CITY
713. FINANCIAL INSTITUTION OR SURETY STATE
714. FINANCIAL INSTITUTION OR SURETY ZIP CODE

For items 710-714, enter the name and address of the financial institution, insurance company, surety company, or other appropriate organization used to establish the closure financial assurance. Indicate your company if you are using a corporate guarantee and financial test.

715. SIGNER OF CERTIFICATION - Check to indicate whether the person certifying is the owner or the operator of the facility.
SIGNATURE The business owner, or officer of the company who is authorized to make decisions for the facility and who has operational control, shall sign in the space provided. The authorized signatory must be completed as specified in Title 22, CCR, Section 66270.11. In most companies, this is not the environmental compliance or technical staff. The title should indicate that an appropriate authorized person is signing for the company. Original signatures are required on all documents submitted.

716. DATE CERTIFIED Enter the date that the document was signed

717. OWNER/ OPERATOR NAME Enter the full printed name of the person signing the page.

718. OWNER/ OPERATOR TITLE Enter the title of the person signing the page.

UNIFIED PROGRAM (UP) FORM
CERTIFICATION OF FINANCIAL ASSURANCE
FOR PERMIT BY RULE AND CONDITIONALLY AUTHORIZED ONSITE TREATERS

☐ a. Initial Certification ☐ b. Amended Certification ☐ c. Annual Certification 700 Page ___ of ___

I. FACILITY IDENTIFICATION (Put an asterisk in the left margin next to the amended information)

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

FACILITY ID# 1 FACILITY EPA ID# 2

TYPE OF OPERATION ☐ a. PBR-FTU ☐ b. CA ☐ c. Other 701

II. ESTIMATED CLOSURE COSTS

NOTE: In addition to the dollar figure below, a written estimate of closure costs must be attached when you submit this section of this page.

ESTIMATED CLOSURE COSTS $_____ 702

III. EXEMPTION FROM FINANCIAL ASSURANCE REQUIREMENTS

1. I am not required to provide a mechanism because:

☐ a. I certify that my closure cost estimate is less than or equal to $10,000, or 703

☐ b. Specify other reasons 704

☐ 2. As a PBR owner or operator, I have not operated more than thirty days in a calendar year. (Does not apply to Conditional Authorization) 705

IV. CLOSURE FINANCIAL ASSURANCE MECHANISM

☐ I am required to provide a mechanism and it is attached to this page. 706

EFFECTIVE DATE OF CLOSURE ASSURANCE MECHANISM _____ 707

MECHANISM ID NUMBER(S): 708 _____

MECHANISM TYPE (Check one item only) 709

☐ a. Closure Trust Fund ☐ b. Surety Bond ☐ c. Closure Letter of Credit ☐ d. Closure Insurance ☐ e. Financial test and Corporate Guarantee ☐ f. Alternative Mechanism ☐ g. Multiple Financial Mechanisms ☐ h. Certificate of Deposit ☐ i. Saving Account

FINANCIAL INSTITUTION, INSURANCE OR SURETY COMPANY/ OTHER ORGANIZATION 710

ADDRESS 711

CITY 712 STATE 713 ZIP CODE 714

V. OWNER OR OPERATOR CERTIFICATION

SIGNER OF THIS CERTIFICATION ☐ a. Owner ☐ b. Operator 715

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. (22 CCR Section 66270.11)

SIGNATURE OF OWNER/OPERATOR | DATE 716

NAME OF OWNER/OPERATOR (Print) 717 | TITLE OF OWNER/OPERATOR 718

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY	
CUPA	PA	DISTRICT	INSPECTOR

Remote Waste Consolidation Site Annual Notification

Complete this page if you are a generator:
1. and you collect non-RCRA hazardous waste, and/or,
2. the hazardous waste or its management at the consolidation site is otherwise exempt from, or is not otherwise regulated pursuant to, RCRA (the Federal Resource Conservation Recovery Act), and,
3. subsequently, the hazardous waste is transported to consolidation sites which you also operate.

Complete one Remote Waste Consolidation Site Annual Notification per consolidation site. All generators having the intent to operate under this exemption must notify the CUPA annually.

Refer to HSC §25110.10 for eligibility and notification requirements.

(Note: the numbering of the instructions follows the data element numbers that are on the UP Form pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.

2. EPA ID NUMBER - Enter the EPA ID number for the facility.

3. BUSINESS NAME - Enter the full legal name of the business.

720. NOTIFICATION STATUS - Check the reason the notification is being completed.

721. ADDRESS - Enter the street address of consolidation site. If no address exists, enter a legal description of the site.

722. CITY - Enter the city or unincorporated area of consolidation site.

723. ZIP CODE - Enter the zip code of the consolidation site.

724. DESCRIPTION OF REMOTE LOCATION(S) - Describe the type of location(s) and source(s) from which the non-RCRA hazardous waste will initially be collected (i.e. power pole).

725. DESCRIPTION OF WASTE(S) COLLECTED - Describe the specific waste type(s) to be consolidated. Attach a continuation sheet showing additional wastes, if necessary.

726. ONSITE HAZARDOUS WASTE TREATMENT - Check "Yes" if hazardous waste is treated at this consolidation site, check "No" if it is not.

727. ESTIMATED MONTHLY VOLUME CONSOLIDATED - Enter the estimated monthly total volume of hazardous waste to be consolidated at this site.

728. UNITS - Check the units for the volume consolidated.

729. BASIS FOR NOT NEEDING A FEDERAL PERMIT - Check the reason for not needing a federal permit for this site. If the hazardous waste is RCRA hazardous waste, describe the reason you are not subject to permitting requirements under federal law in the space provided.

SIGNATURE - The business owner or officer of the company who is authorized to make decisions for the facility and who has operational control, shall sign in the space provided. In most companies, this is not the environmental compliance or technical staff. The title should indicate that an appropriately authorized person is signing for the company. You are signing the certifications and attesting to their accuracy under penalty of law for submitting false information. Original signatures are required.

730. DATE CERTIFIED - Enter the date that the document was signed.

731. OWNER/ OPERATOR NAME - Enter the full printed name of the person signing the page.

732. OWNER/ OPERATOR TITLE - Enter the title of the person signing the page.

UNIFIED PROGRAM (UP)FORM
REMOTE WASTE CONSOLIDATION SITE
ANNUAL NOTIFICATION

☐ a. Initial ☐ b. Revised ☐ c. Annual 720 Page ___ of ___

I. GENERAL INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA or– Doing Business As) 3	FACILITY ID# 1

II. CONSOLIDATION SITE INFORMATION

ADDRESS 721		FACILITY EPA ID# 2
CITY 722	CA	ZIP CODE 723

DESCRIPTION OF THE TYPE(S) OF REMOTE LOCATION(S) AND SOURCE(S) FROM WHICH THE NON-RCRA HAZARDOUS WASTE WILL BE COLLECTED (i.e. power pole) 724

DESCRIPTION OF THE TYPE OF HAZARDOUS WASTE THAT MAY BE COLLECTED 725

Do you treat your hazardous waste at this consolidation site? 726 ☐ Yes ☐ No	ESTIMATED MONTHLY VOLUME CONSOLIDATED 727	UNITS ☐ a. Pounds ☐ b. Gallons 728

III. BASIS FOR NOT NEEDING A FEDERAL PERMIT

(Check all that apply) 729

☐ a. The hazardous waste being consolidated is not hazardous waste under federal law although the waste is regulated as hazardous waste under California state law.

☐ b. The hazardous waste is hazardous waste under federal law, but transportation to and accumulation at the consolidation site of the waste is not subject to permitting requirements under federal law for the following other reason(s):

IV. CERTIFICATIONS

I certify under penalty of law that the activities described in these documents meet the applicable eligibility and operating requirements of state statutes and regulations for remote waste and consolidation sites. I further certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE OWNER/OPERATOR	DATE 730
NAME OF OWNER/OPERATOR (Print) 731	TITLE OF OWNER/OPERATOR 732

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY	
CUPA	PA	DISTRICT	INSPECTOR

Hazardous Waste Tank Closure Certification

Complete and submit this page prior to initiating any cleaning, cutting, dismantling, or excavation of a tank system that meets the conditions below:

- Any tank system that previously held a hazardous material or a hazardous waste, that is identified as a hazardous waste, and that is destined to be disposed, reclaimed or closed in place.

- This does not apply to tank systems regulated under a hazardous waste facility permit, other than permit by rule (PBR), or to tank systems regulated under a grant of interim status, nor to a tank system or any portion thereof, that meets the definition of scrap metal in 22 CCR §66260.10 and is excluded from regulation pursuant to 22 CCR §66261.6(a)(3)(B).

Refer to 22 CCR §67383.3 and 23 CCR §2672 for disposal requirements for tank systems.

(Note: the numbering of the instructions follows the data element numbers that are on the UP FORM pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.

3. BUSINESS NAME - Enter the full legal name of the business.

740. TANK OWNER NAME -
741. TANK OWNER ADDRESS
742. TANK OWNER CITY
743. TANK OWNER STATE
744. TANK OWNER ZIP CODE

Complete items 740-744, unless all items are the same as the Business Owner information (items 111-116) on the Business Owner/Operator Identification page (OES Form 2730). If the same, write "SAME AS SITE" across this section

745. TANK ID NUMBER 1-3 - Enter up to three owner's tank ID numbers. This is a unique number used by the owner to identify the tank. If more than three tanks are being closed, complete additional copies of this page. (Enter additional tank numbers in 748 and 751.)

746. CONCENTRATION OF FLAMMABLE VAPOR 1-3 - Enter three interior flammable vapor levels for each tank being closed, taken at the top, center, and bottom of the tank. (For more than one tank, enter additional tank readings in 749 and 752.)

747. CONCENTRATION OF OXYGEN 1-3 - Enter three interior oxygen levels for each tank being closed, taken at the top, center, and bottom of the tank. (For more than one tank, enter additional tank readings in 750 and 753).

SIGNATURE - The business owner or officer of the company who is authorized to make decisions for the facility and who has operational control, shall sign in the space provided.

754. CERTIFIER NAME - Enter the full printed name of the person signing the page.

755. CERTIFIER TITLE - Enter the title of the person signing the page.

756. CERTIFIER ADDRESS - Enter the address of the person signing the page.

757. CERTIFIER CITY - Enter the city for the signer's address.

758. CERTIFIER PHONE - Enter the phone number for the person signing the page.

759. DATE CERTIFIED - Enter the date that the document was signed. Enter the time that the readings were taken.

760. CERTIFIER REPRESENTS LOCAL AGENCY - Check "Yes" if the person certifying the tank is a representative of the CUPA or PA, check "No" if not.

761. NAME OF LOCAL AGENCY - Enter the name of the local agency represented by the person certifying the tank.

762. AFFILIATION OF CERTIFYING PERSON - Check the certification, license, or organization which the certifier holds or to which the certifying person belongs, if not a CUPA/ PA.

763. TANK HELD FLAMMABLE OR COMBUSTIBLE MATERIALS - Check "Yes" if the tank held flammable or combustible materials, check "No" if not.

764. MANAGEMENT INSTRUCTIONS - Provide tank management instructions to the scrap dealer, disposal facility, etc., in this space.

UNIFIED PROGRAM (UP) FORM
HAZARDOUS WASTE TANK CLOSURE CERTIFICATION

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3	FACILITY ID# 1

TANK OWNER NAME 740

TANK OWNER ADDRESS 741

TANK OWNER CITY 742	STATE 743	ZIP CODE 744

II. TANK CLOSURE INFORMATION

TANK INTERIOR ATMOSPHERE READINGS		Tank ID # (Attach additional copies of this page for more than three tanks)	Concentration of Flammable Vapor			Concentration of Oxygen		
			Top	Center	Bottom	Top	Center	Bottom
	1	745	746a	746b	746c	747a	747b	747c
	2	748	749a	749b	749c	750a	750b	750c
	3	751	752a	752b	752c	753a	753b	753c

III. CERTIFICATION

On examination of the tank, I certify the tank is visually free from product, sludge, scale (thin, flaky residual of tank contents), rinseate and debris. I further certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF CERTIFIER

NAME OF CERTIFIER (Print) 754

TITLE OF CERTIFIER 755

ADDRESS 756

CITY 757

PHONE 758

DATE 759 | CERTIFICATION TIME

STATUS OR AFFILIATION OF CERTIFYING PERSON

Certifier is a representative of the CUPA or PA: 760

☐ Yes ☐ No

Name of CUPA or PA: 761

If certifier is other than CUPA / PA check appropriate box below: 762

- ☐ a. Certified Industrial Hygienist (CIH)
- ☐ b. Certified Safety Professional (CSP)
- ☐ c. Certified Marine Chemist (CMC)
- ☐ d. Registered Environmental Health Specialist (REHS)
- ☐ e. Professional Engineer (PE)
- ☐ f. Class II Registered Environmental Assessor
- ☐ g. Contractors' State License Board licensed contractor (with hazardous substance removal certification)

TANK PREVIOUSLY HELD FLAMMABLE OR COMBUSTIBLE MATERIALS 763

(If yes, the tank interior atmosphere shall be re-checked with a combustible gas indicator prior to work being conducted on the tank.) ☐ Yes ☐ No

CERTIFIER'S TANK MANAGEMENT INSTRUCTIONS FOR SCRAP DEALER, DISPOSAL FACILITY, ETC: 764

A copy of this certificate shall accompany the tank to the recycling / disposal facility. Also, provide copies to the CUPA, applicable Participating Agency (PA), owner / operator of the tank system, removal contractor, and the recycling / disposal facility.

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY	
CUPA	PA	DISTRICT	INSPECTOR

HAZARDOUS WASTE GENERATOR PAGE (LA COUNTY)

The waste generator page is used to identify your generator status and all waste streams generated at your facility.

1. FACILITY ID NUMBER Leave this blank. The Certified Unified Program Agency (CUPA) assigns this number that identifies your facility.

2. EPA ID # If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters "CA". If you do not have a number, contact the Department of Toxic Substances Control (DTSC) at (916) 324-1781, (800) 61-TOXIC or (800) 61-86942, to obtain one.

3. BUSINESS NAME Enter the full legal name of the business.

133b. NUMBER OF EMPLOYEES Enter the total number of employees currently working at your facility.

A. TYPE OF GENERATOR Check the box that most closely apply to your facility. Check no more than one box per column.

RCRA GENERATOR Check the box that best describes the amount of Federal listed and regulated hazardous waste generated by your facility. Leave blank if your facility doesn't generate hazardous waste regulated under Subtitle C of RCRA (the Resource Conservation and Recovery Act of 1976).

NON - RCRA GENERATOR Check the box that that best describes the amount of California-only listed and regulated hazardous waste generated by your facility. Leave blank if your facility doesn't generate non-RCRA hazardous waste.

Boxes include:

- Large Quantity Generator (greater than 1000 kg per Hazardous Waste per month)
- Small Quantity Generator (less than 1000 kg per month but greater than 100 kg Hazardous Waste per month)
- Conditionally Exempt Small Quantity Generator (less than 100 kg Hazardous Waste per month)

Note:
1. 1 kg = 2.2 lbs.
2. For Acutely Hazardous Waste or Extremely Hazardous Waste, facilities that generate greater than 1 kg per month are considered Large Quantity Generators and facilities that generate less are considered Conditionally Exempt Small Quantity Generators.

B. PROCESS Briefly describe all processes that generate hazardous waste(s) at your facility. Example: plating, machining, painting, etc.

C. WASTE DESCRIPTION Describe the type of waste that is generated from each process listed. Example: heavy metal sludge, waste oil, etc.

D. WASTE ID List the Waste ID #'s for all RCRA and non-RCRA hazardous waste. Refer to 22 CCR § 66261.126.

E. AMOUNT PER YEAR List the amount of hazardous waste generated from each separate process in kilograms, pounds, gallons, or tons per year.

F. STORAGE METHOD Enter the letter that corresponds to the type of storage used at your facility for each of the hazardous waste streams listed.
A = Drums
B = Underground Tank
C = Aboveground Tank
D = Waste Pile
E = In Process Equipment

G. DISPOSAL METHOD Enter the letter in the space provided to describe the disposal method used at your facility for each of the hazardous waste streams listed.
A = Treatment Onsite
B = Treatment Offsite
C = Recycle Onsite
D = Recycle Offsite

H. OWNER/OPERATOR NAME Indicate the name of the person who signed the form.

I. OWNER/OPERATOR TITLE Indicate the title of the person who signed the form.

J. DATE Indicate the date the form was signed.

UNIFIED PROGRAM (UP) FORM
HAZARDOUS WASTE GENERATOR

BUSINESS NAME: Coca-Cola Bottling Company of Southern California		3
FACILITY ID # 1 FA0019878	NO. OF EMPLOYEES: 133b 250	EPA ID # 2 CAD982411803

I. TYPE OF GENERATOR

PLEASE CHECK THE FOLLOWING BOXES THAT APPLY (Check no more than one box per column) A

	RCRA GENERATOR (FEDERAL WASTE)	NON -RCRA GENERATOR (CALIFORNIA WASTE ONLY)
LARGE QUANTITY GENERATOR (>1000 KG HAZARDOUS WASTE PER MONTH)	☐	☐
SMALL QUANTITY GENERATOR (>100 KG BUT <1000 KG HAZARDOUS WASTE PER MONTH)	☐	☐
CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR (< 100 KG HAZARDOUS WASTE PER MONTH)	☐	☒

II. WASTE STREAM IDENTIFICATION

PLEASE COMPLETE THE TABLE BELOW. SEE INSTRUCTIONS FOR CODES AND EXPLANATION.

PROCESS B	WASTE DESCRIPTION C	WASTE ID D	AMOUNT PER YEAR E	STORAGE METHOD F	DISPOSAL METHOD G
Vehicle repair	**Used oil and fuel filters**	NA	1500 lbs (3 55-gal drums)	A	B
Vehicle repair	**Waste antifreeze**	134	100 gal	C	B
Vehicle repair	**Used oil**	221	300 gal	C	B

I certify that the information provided herein is true and accurate to the best of my knowledge.

OWNER/OPERATOR NAME H Katie Giesler	OWNER/OPERATOR TITLE I Sales Center Manager
OWNER/OPERATOR SIGNATURE	DATE J

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY	
CUPA	PA	DISTRICT	INSPECTOR

Coca-Cola Refreshments

Coca-Cola Refreshments
Carson Distribution Center
19875 S. Pacific Gateway Dr.
Torrance, CA 90502
310.965.2653

March 1, 2011

Mailed via Federal Express
Tracking #8747 8228 2785

City of Los Angeles Fire Department
200 N Main Street Room 1780
Los Angeles, CA 90012

Re: Hazardous Materials Business Plan
Coca-Cola Bottling Company of Southern California
19875 South Pacific Gateway Drive
Torrance, CA 90502

Dear Los Angeles City Fire Department:

Enclosed is the 2011 Hazardous Materials Disclosure Business Report update for the above-referenced facility. This report is also submitted to fulfill EPCRA reporting requirements. If you have any questions or need any further information, please contact me at 310.965.2700.

Sincerely,

Don Chance
Distribution Center Manager

Enclosure

cc: Ann Macdonald
Coca-Cola Bottling Company of California
amacdonald@coca-cola.com

Becky Gerard
ARCADIS
rebecca.gerard@arcadis-us.com

UNIFIED PROGRAM (UP) FORM

BUSINESS OWNER/OPERATOR IDENTIFICATION (LACoCUPA Form 2730)

☐ NEW BUSINESS ☐ OUT OF BUSINESS ☒ REVISE/UPDATE (EFFECTIVE 1/1/2010) PAGE 1 OF 2

I. IDENTIFICATION

FACILITY ID# FA0019878 [1]	BEGINNING DATE [100] 1/1/2011	ENDING DATE [101] 12/31/2011	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) [3] Coca-Cola Bottling Company of Southern California		BUSINESS PHONE [102] (310) 965-2653	
BUSINESS SITE ADDRESS [103] 19875 South Pacific Gateway Drive			
CITY Torrance [104]	C	ZIP CODE 90502 [105]	
DUN & BRADSTREET 802706986 [106]		SIC CODE (4 digit #) 5149 [107]	
COUNTY LOS ANGELES [108]		UNINCORPORATED ☐ Yes ☒ No [133a]	
BUSINESS OPERATOR NAME [109] Coca-Cola Bottling Company of Southern California		BUSINESS OPERATOR PHONE [110] (310) 965-2653	

II. BUSINESS OWNER

OWNER NAME [111] BCI Coca-Cola Bottling Company of Los Angeles		OWNER PHONE [112] (310) 965-2653
OWNER MAILING ADDRESS [113] 19875 South Pacific Gateway Drive		
CITY Torrance [114]	STATE CA [115]	ZIP CODE 90502 [116]

III. ENVIRONMENTAL CONTACT

CONTACT NAME [117] William Choat		CONTACT PHONE [118] (310) 965-2653
CONTACT MAILING ADDRESS [119] 19875 South Pacific Gateway Drive		
CITY Torrance [120]	STATE CA [121]	ZIP CODE 90502 [122]

IV. EMERGENCY CONTACTS

PRIMARY		SECONDARY	
NAME Don Chance	[123]	NAME William Choat	[128]
TITLE Distribution Center Manager	[124]	TITLE Warehouse Manager	[129]
BUSINESS PHONE (310) 965-2700	[125]	BUSINESS PHONE (310) 965-2653	[130]
24-HOUR PHONE (562) 536-8009	[126]	24-HOUR PHONE (310) 896-6641	[131]
PAGER # NA	[127]	PAGER # NA	[132]
E-MAIL ADDRESS (if any) dochance@coca-cola.com	[133b]	E-MAIL ADDRESS (if any) wchoat@coca-cola.com	[133b]

V. ADDITIONAL LOCALLY COLLECTED INFORMATION [133]

FEDERAL TAX IDENTIFICATION NUMBER 13-3346695	[133c]	NO. OF EMPLOYEES 250 [133d]
NAME, POSITION, AND DATE OF BIRTH		BUSINESS CODE 01 [133e]
DRIVER'S LICENSE NUMBER AND STATE		

MAILING/ BILLING INFORMATION

ADDRESS [133f]	CITY [133g]	STATE [133h]	ZIP CODE [133i]
19875 South Pacific Gateway Drive	Torrance	CA	90502

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE [134] 2/28/2011	NAME OF DOCUMENT PREPARER [135] Becky Gerard, ARCADIS
NAME OF SIGNER (print) [136] Don Chance	TITLE OF SIGNER [137] Distribution Center Manager	

OFFICIAL USE ONLY	UP Form	HW	HM	ARP	APST	UST	TP	CUPA	PA

INSPECTOR	DISTRICT	DATE OF INSP	DIVISION	BATTALION	STATION

UNIFIED PROGRAM (UP) FORM

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

(one page per material per building or area)

☐ ADD ☐ DELETE ☒ REVISE REPORTING YEAR 2011 200 Page 2 of 2

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3
Coca-Cola Bottling Company of Southern California

CHEMICAL LOCATION 201
Warehouse

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) 202 ☐ YES ☒ NO

FACILITY ID # F A 0 0 1 9 8 7 8 1

MAP# (optional) 203: 3

GRID# (optional) 204: E3

II. CHEMICAL INFORMATION

CHEMICAL NAME 205: Lead/Acid Battery Electrolyte Solution

TRADE SECRET ☐ Yes ☒ No 206 (If Subject to EPCRA, refer to instructions)

COMMON NAME: Lead/Acid Battery Electrolyte Solution 207

EHS* ☒ Yes ☐ No 208

RS* ☐ Yes ☒ No 246a

CAS#: Mixture 209

*If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA): WRI, COR 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☒ b. MIXTURE ☐ c. WASTE 211

RADIOACTIVE ☐ Yes ☒ No 212

CURIES: NA 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☒ b. LIQUID ☐ c. GAS 214

LARGEST CONTAINER: 684.35 215

FED HAZARD CATEGORIES (Check all that apply) ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
20,577	20,577	0	NA

UNITS* (Check one item only) ☐ a. GALLONS ☐ b. CUBIC FEET ☒ c. POUNDS ☐ d. TONS 221 (*If EHS, amount must be in pounds)

DAYS ON SITE: 222: 365

STORAGE CONTAINER ☐ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☒ r. OTHER (Battery Casing) 223

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
20-44 226	Sulfuric Acid 227	☒ Yes ☐ No 228	☐ Yes ☒ No	7664-93-9 229
43-70 230	Lead 231	☐ Yes ☒ No 232	☐ Yes ☒ No	7439-92-1 233
0-4 234	Antimony 235	☐ Yes ☒ No 236	☐ Yes ☒ No	7440-36-0 237
5-10 238	Polypropylene 239	☐ Yes ☒ No 240	☐ Yes ☒ No	9003-07-2 241
<0.01 242	Arsenic 243	☐ Yes ☒ No 244	☐ Yes ☒ No	7440-38-2 245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246
For battery-powered equipment. See attached Battery Inventory Sulfuric Acid Calculation spreadsheet. Reported as electrolyte solution in pounds. Report prepared 2-25-11.

IF EPCRA, Please Sign Here
(Facilities reporting Chemicals Subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY

DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

BATTERY INVENTORY - SULFURIC ACID CALCULATION
Coca-Cola Bottling Company of California --Torrance, CA
Inventory Date: 2/25/2011

Battery Type (Manufacturer/ Model #)	Equipment	Quantity	Battery Specifications						Batter Acid Calculations			
			Electrolyte (gallons/battery)	Electrolyte Solution Density (lbs/gallon)	Electrolyte Solution (lbs/battery)	Sulfuric Acid (gallons/battery)	Sulfuric Acid Density (lbs/gallon)	Sulfuric Acid (lbs/battery)	Total Sulfuric Acid (gallons)	Total Sulfuric Acid (lbs)	Total Electrolyte Solution (gallons)	Total Electrolyte Solution (lbs)
DEKA/12-D85-7	Walk-behind Pallet Jacks	30	9.2	10.7434	99.16	2.5	15.31	38.3	75	1,148	277	2,975
DEKA/6-D75-11	Walker-behind Pallet Jacks	3	7.7	10.7434	82.72	2.1	15.31	32.2	6	96	23	248
DEKA/18-D125-17	Rider Scrubber	3	45.2	10.7434	485.60	12.2	15.31	186.8	37	560	136	1,457
DEKA/12-D85-13	Rider Pallet Jack	15	16.9	10.7434	181.56	4.6	15.31	70.4	69	1,056	254	2,723
DEKA/18-D85-29	Fork Lifts	19	63.7	10.7434	**684.35**	17.2	15.31	263.3	327	5,003	1,210	13,003
List Others Below:												
Interstate 12V	Vehicle Replacement Batteries	16	1.0	---	10.7	0.35	---	3.8	5.6	61	16	171.2
Interstate 6V	Vehicle Replacement Batteries	2	1.0	---	10.7	0.35	---	3.8	0.7	8	2	21.4
					TOTALs				514	7,865	1,899	20,977

Notes:
1. Battery specificaitons provided by manufacturer
2. Multiply volume of sulfuric acid by 15.3
3. Multiply volume of electrolyte solution by 10.7434
4. **Bold** - indicates quantity reported in HMDBP.

MATERIAL SAFETY DATA SHEET

LEAD ACID BATTERY WET, FILLED WITH ACID

(US, CN, EU Version for International Trade)

SECTION 1: PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME: **Lead Acid Battery Wet, Filled With Acid**
OTHER PRODUCT NAMES: Electric Storage Battery, SLI or Industrial Battery, UN2794

MANUFACTURER: East Penn Manufacturing Company, Inc.
DIVISION: Deka Road
ADDRESS: Lyon Station, PA 19536 USA

EMERGENCY TELEPHONE NUMBERS:
US: CHEMTREC 1-800-424-9300
CN: CHEMTREC 1-800-424-9300
Outside US: +1-202-483-7616

NON-EMERGENCY HEALTH/SAFETY INFORMATION: +1-610-682-6361

CHEMICAL FAMILY: This product is a wet lead acid storage battery. May also include gel/absorbed electrolye type lead acid battery types.

PRODUCT USE: Industrial/Commercial electrical storage batteries.

This product is considered a Hazardous Substance, Preparation or Article that is regulated under US-OSHA; CAN-WHMIS; IOSH; ISO; UK-CHIP; or EU Directives (67/548/EEC-Dangerous Substance Labeling, 98/24/EC-Chemical Agents at Work, 99/45/EC-Preparation Labeling, 2001/58/EC-MSDS Content, and 1907/2006/EC-REACH), and an MSDS/SDS is required for this product considering that when used as recommended or intended, or under ordinary conditions, it may present a health and safety exposure or other hazard.

Additional Information
This product may not be compatible with all environments, such as those containing liquid solvents or extreme temperature or pressure. Please request information if considering use under extreme conditions or use beyond current product labeling.

SECTION 2: HAZARDS IDENTIFICATION

GHS Classification:

Health	Environmental	Physical
Acute Toxicity – Not listed (NL) Eye Corrosion – Corrosive* Skin Corrosion – Corrosive* Skin Sensitization – NL Mutagenicity/Carcinogenicity – NL Reproductive/Developmental – NL Target Organ Toxicity (Repeated) – NL	Aquatic Toxicity – NL	NFPA – Flammable gas, hydrogen (during charging) CN - NL EU - NL

*as sulfuric acid

GHS Label: Lead Acid Battery, Wet

Symbols: C (Corrosive)

Hazard Statements	Precautionary Statements
Contact with internal components may cause irritation of severe burns. Irritating to eyes, respiratory system, and skin.	Keep out of reach of children. Keep containers tightly closed. Avoid heat, sparks, and open flame while charging batteries. Avoid contact with internal acid.

EMERGENCY OVERVIEW: May form explosive air/gas mixture during charging. Contact with internal components may cause irritation or severe burns. Irritating to eyes, respiratory system, and skin.

Prolonged inhalation or ingestion may result in serious damage to health. Pregnant women exposed to internal components may experience reproductive/developmental effects.

POTENTIAL HEALTH EFFECTS:

EYES: Direct contact of internal electrolyte liquid with eyes may cause severe burns or blindness.

SKIN: Direct contact of internal electrolyte liquid with the skin may cause skin irritation or damaging burns.

INGESTION: Swallowing this product may cause severe burns to the esophagus and digestive tract and harmful or fatal lead poisoning. Lead ingestion may cause nausea, vomiting, weight loss, abdominal spasms, fatigue, and pain in the arms, legs and joints.

INHALATION: Respiratory tract irritation and possible long term effects.

ACUTE HEALTH HAZARDS:
Repeated or prolonged contact may cause mild skin irritation.

CHRONIC HEALTH HAZARDS:
Lead poisoning if persons are exposed to internal components of the batteries. Lead absorption may cause nausea, vomiting, weight loss, abdominal spasms, fatigue, pain in the arms, legs and joints. Other effects may include central nervous system damage, kidney dysfunction, and potential reproductive effects. Chronic inhalation of sulfuric acid mist may increase the risk of lung cancer.

MEDICAL CONDITIONS GENERALLY AGGRAVATED BY EXPOSURE:
Respiratory and skin diseases may predispose one to acute and chronic effects of sulfuric acid and/or lead. Children and pregnant women must be protected from lead exposure. Persons with kidney disease may be at increased risk of kidney failure.

Additional Information
No health effects are expected related to normal use of this product as sold.

SECTION 3: COMPOSITION/INFORMATION ON INGREDIENTS

INGREDIENTS (Chemical/Common Names):	CAS No.:	% by Wt:	EC No.:
Lead, inorganic	7439-92-1	43-70 (average: 65)	231-100-4
Sulfuric acid	7664-93-9	20-44 (average: 25)	231-639-5
Antimony	7440-36-0	0-4 (average: 1)	231-146-5
Arsenic	7440-38-2	<0.01	231-148-6
Polypropylene	9003-07-0	5-10 (average: 8)	NA

NA – Not applicable/ND – Not determined

Additional Information
These ingredients reflect components of the finished product related to performance of the product as distributed into commerce.

SECTION 4: FIRST AID MEASURES

EYE CONTACT: Flush eyes with large amounts of water for at least 15 minutes. Seek immediate medical attention if eyes have been exposed directly to acid.

SKIN CONTACT: Flush affected area(s) with large amounts of water using deluge emergency shower, if available, shower for at least 15 minutes. Remove contaminated clothing. If symptoms persist, seek medical attention.

INGESTION: If swallowed, give large amounts of water. Do NOT induce vomiting or aspiration into the lungs may occur and can cause permanent injury or death.

INHALATION: If breathing difficulties develop, remove person to fresh air. If symptoms persist, seek medical attention.

SECTION 5: FIRE-FIGHTING MEASURES

SUITABLE/UNSUITABLE EXTINGUISHING MEDIA:

Dry chemical, carbon dioxide, water, foam. Do not use water on live electrical circuits.

SPECIAL FIRE FIGHTING PROCEDURES & PROTECTIVE EQUIPMENT:
Use appropriate media for surrounding fire. Do not use carbon dioxide directly on cells. Avoid breathing vapors. Use full protective equipment (bunker gear) and self-contained breathing apparatus.
UNUSUAL FIRE AND EXPLOSION HAZARDS:
Batteries evolve flammable hydrogen gas during charging and may increase fire risk in poorly ventilated areas near sparks, excessive heat or open flames.
SPECIFIC HAZARDS IN CASE OF FIRE:
Thermal shock may cause battery case to crack open. Containers may explode when heated.

Additional Information
Firefighting water runoff and dilution water may be toxic and corrosive and may cause adverse environmental impacts.

SECTION 6: ACCIDENTAL RELEASE MEASURES

PERSONAL PRECAUTIONS:
Avoid Contact with Skin. Neutralize any spilled electrolyte with neutralizing agents, such as soda ash, sodium bicarbonate, or very dilute sodium hydroxide solutions.
ENVIRONMENTAL PRECATIONS:
Prevent spilled material from entering sewers and waterways.
SPILL CONTAINMENT & CLEANUP METHODS/MATERIALS:
Add neutralizer/absorbent to spill area. Sweep or shovel spilled material and absorbent and place in approved container. Dispose of any non-recyclable materials in accordance with local, state, provincial or federal regulations.

Additional Information
Lead acid batteries and their plastic cases are recyclable. Contact your East Penn representative for recycling information.

SECTION 7: HANDLING AND STORAGE

PRECAUTIONS FOR SAFE HANDLING AND STORAGE:
- Keep containers tightly closed when not in use.
- If battery case is broken, avoid contact with internal components.
- Do not handle near heat, sparks, or open flames.
- Protect containers from physical damage to avoid leaks and spills.
- Place cardboard between layers of stacked batteries to avoid damage and short circuits.
- Do not allow conductive material to touch the battery terminals. A dangerous short-circuit may occur and cause battery failure and fire.

OTHER PRECAUTIONS (e.g.; Incompatibilities):
Keep away from combustible materials, organic chemicals, reducing substances, metals, strong oxidizers and water.

SECTION 8: EXPOSURE CONTROLS/PERSONAL PROTECTION

ENGINEERING CONTROLS/SYSTEM DESIGN INFORMATION:
Charge in areas with adequate ventilation.
VENTILATION:
General dilution ventilation is acceptable.
RESPIRATORY PROTECTION:
Not required for normal conditions of use. See also special firefighting procedures (Section 5).
EYE PROTECTION:
Wear protective glasses with side shields or goggles.
SKIN PROTECTION:
Wear chemical resistant gloves as a standard procedure to prevent skin contact.
OTHER PROTECTIVE CLOTHING OR EQUIPMENT: Chemically-impervious apron and face shield recommended when adding water or electrolyte to batteries.
Wash Hands after handling.

EXPOSURE GUIDELINES & LIMITS:

OSHA	Permissible Exposure Limit (PEL/TWA)	Lead, inorganic (as Pb)	0.05 mg/m^3
		Sulfuric acid	1 mg/m^3
		Antimony	0.5 mg/m^3
		Arsenic	0.01 mg/m^3
ACGIH	2007 Threshold Limit Value (TLV)	Lead, inorganic (as Pb)	0.05 mg/m^3
		Sulfuric acid	0.2 mg/m^3
		Antimony	0.5 mg/m^3
		Arsenic	0.01 mg/m^3
Quebec	Permissible Exposure Value (PEV)	Lead, inorganic (as Pb)	0.15 mg/m^3
		Sulfuric acid	1 mg/m^3 TWA 3 mg/m^3 STEV
		Antimony	0.5 mg/m^3
		Arsenic	0.1 mg/m^3
Ontario	Occupational Exposure Level (OEL)	Lead (designated substance)	0.10 mg/m^3
		Sulfuric acid	1 mg/m^3 TWAEV 3 mg/m^3 STEV
		Antimony	0.5 mg/m^3
		Arsenic (designated substance)	0.01 mg/m^3
Netherlands	Maximaal Aanvaarde Concentratie (MAC)	Lead, inorganic (as Pb)	0.15 mg/m^3
		Sulfuric acid	1 mg/m^3
Germany	Maximale Arbeitsplatzkonzentrationen (MAK)	Lead, inorganic (as Pb)	0.1 mg/m^3
		Sulfuric acid	1 mg/m^3 TWA 2 mg/m^3 STEL
		Antimony	0.5 mg/m^3
United Kingdom	Occupational Exposure Standard (OES)	Lead	0.15 mg/m^3
		Antimony	0.5 mg/m^3
		Arsenic	0.1 mg/m^3

TWA – 8-Hour Time Weighted Average/ STE – Short Term Exposure / mg/m^3 – milligrams per cubic meter of air/ NE – Not Established

Additional Information

- Batteries are housed in polypropylene cases which are regulated as total dust or respirable dust only when they are ground up during recycling. The OSHA PEL for dust is 15 mg/m^3 as total dust or 5 mg/m^3 as respirable dust.
- May be required to meet Domestic Requirements for a Specific Destination(s).

SECTION 9: PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE:	Industrial/commercial lead acid battery
ODOR:	Odorless
ODOR THRESHOLD:	NA
PHYSICAL STATE:	Sulfuric Acid: Liquid; Lead: solid
pH:	<1
BOILING POINT:	235-240° F (as sulfuric acid)
MELTING POINT:	NA
FREEZING POINT:	NA
VAPOR PRESSURE:	10 mmHg
VAPOR DENSITY (AIR = 1):	> 1
SPECIFIC GRAVITY (H2O = 1):	1.27–1.33
EVAPORATION RATE (n-BuAc=1):	< 1
SOLUBILITY IN WATER:	100% (as sulfuric acid)
FLASH POINT:	Below room temperature (as hydrogen gas)
AUTO-IGNITION TEMPERATURE:	NA
LOWER EXPLOSIVE LIMIT (LEL):	4% (as hydrogen gas)
UPPER EXPLOSIVE LIMIT (UEL):	74% (as hydrogen gas)
PARTITION COEFFICIENT:	NA
VISCOSITY (poise @ 25° C):	Not Available

DECOMPOSITION TEMPERATURE: Not Available

FLAMMABILITY/HMIS HAZARD CLASSIFICATIONS (US/CN/EU): As sulfuric acid
HEALTH: 3 FLAMMABILITY: 0 REACTIVITY: 2

SECTION 10: STABILITY AND REACTIVITY

STABILITY:	This product is stable under normal conditions at ambient temperature.
INCOMPATIBILITY (MATERIAL TO AVOID):	Strong bases, combustible organic materials, reducing agents, finely divided metals, strong oxidizers, and water.
HAZARDOUS DECOMPOSITION BY-PRODUCTS:	Thermal decomposition will produce sulfur dioxide, sulfur trioxide, carbon monoxide, sulfuric acid mist, and hydrogen.
HAZARDOUS POLYMERIZATION:	Will not occur
CONDITIONS TO AVOID:	Overcharging, sources of ignition

SECTION 11: TOXICOLOGICAL INFORMATION

ACUTE TOXICITY (Test Results Basis and Comments):
Sulfuric acid: LD_{50}, Rat: 21409 mg/kg
LC_{50}, Guinea pig: 510 mg/m^3
Lead: No data available for elemental lead

SUBCHRONIC/CHRONIC TOXICITY (Test Results and Comments):
Repeated exposure to lead and lead compounds in the workplace may result in nervous system toxicity. Some toxicologists report that abnormal conduction velocities in person with blood lead levels of 50 µg/100 ml or higher. Heavy lead exposure may result in central nervous system damage, encephalopathy and damage to the blood-forming (hematopoietic) tissues.

Additional Information
- Very little chronic toxicity data available for elemental lead.
- Lead is listed by IARC as a 2B carcinogen: possible carcinogen in humans. Arsenic is listed by IARC, ACGIH, and NTP as a carcinogen, based on studies with high doses overlong periods of time. The other ingredients in this product, present at equal to or greater than 0.1% of the product, are not listed by OSHA, NTP, or IARC as suspect carcinogens.
- The 19th Amendment to EC Directive 67/548/EEC classified lead compounds, but not lead in metal form, as possibly toxic to reproduction. Risk phrase 61: May cause harm to the unborn child, applies to lead compounds, especially soluble forms.

SECTION 12: ECOLOGICAL INFORMATION

PERSISTENCE & DEGRADABILITY:
Lead is very persistent in soils and sediments. No data available on biodegradation.

BIO-ACCUMULATIVE POTENTIAL (Including Mobility):
Mobility of metallic lead between ecological compartments is low. Bioaccumulation of lead occurs in aquatic and terrestrial animals and plants, but very little bioaccumulation occurs through the food chain. Most studies have included lead compounds, not solid inorganic lead.

AQUATIC TOXICITY (Test Results & Comments):
Sulfuric acid: 24-hour LC_{50}, fresh water fish (*Brachydanio rerio*): 82 mg/l
96-hour LOEC, fresh water fish (*Cyprinus carpio*): 22 mg/l (lowest observable effect concentration)
Lead (metal): No data available

Additional Information
- No known effects on stratospheric ozone depletion.
- Volatile organic compounds: 0% (by Volume)
- Water Endangering Class (WGK): NA

SECTION 13: DISPOSAL CONSIDERATIONS

WASTE DISPOSAL METHOD:	Follow local, State/Provincial, and Federal/National regulations applicable to as-used, end-of-life characteristics to be determined by end-user.

MATERIAL SAFETY DATA SHEET
LEAD ACID BATTERY WET, FILLED WITH ACID
(US, CN, EU Version for International Trade)

HAZARDOUS WASTE CLASS/CODE:

US - Not applicable to finished product as manufactured for distribution into commerce.
CN – Not applicable to finished product as manufactured for distribution into commerce.
EWC – Not applicable to finished product as manufactured for distribution into commerce.

Additional Information

Not Included – **Recycle** or dispose as allowed by local jurisdiction for the end-of-life characteristics as-disposed.

SECTION 14: TRANSPORT INFORMATION

GROUND – US-DOT/CAN-TDG/EU-ADR/APEC-ADR:

Proper Shipping Name	Batteries, Wet, Filled with Acid		
Hazard Class	8	ID Number	UN2794
Packing Group	III	Labels	Corrosive

AIRCRAFT – ICAO-IATA:

Proper Shipping Name	Batteries, Wet, Filled with Acid		
Hazard Class	8	ID Number	UN2794
Packing Group	II	Labels	Corrosive

Reference IATA packing instructions 800

VESSEL – IMO-IMDG:

Proper Shipping Name	Batteries, Wet, Filled with Acid		
Hazard Class	8	ID Number	UN2794
Packing Group	III	Labels	Corrosive

Reference IMDG packing instructions P801

Additional Information

Transport requires proper packaging and paperwork, including the Nature and Quantity of goods, per applicable origin/destination/customs points as-shipped.

SECTION 15: REGULATORY INFORMATION

INVENTORY STATUS:

All components are listed on the TSCA; EINECS/ELINCS; and DSL, unless noted otherwise below.

U.S. FEDERAL REGULATIONS:

TSCA Section 8b – Inventory Status: All chemicals comprising this product are either exempt or listed on the TSCA Inventory.

TSCA Section 12b – Export Notification: If the finished product contains chemicals subject to TSCA Section 12b export notification, they are listed below:

Chemical	CAS #
None	NA

CERCLA (COMPREHENSIVE RESPONSE COMPENSATION, AND LIABILITY ACT)

Chemicals present in the product which could require reporting under the statute:

Chemical	CAS #
Lead	7439-92-1
Sulfuric acid	7664-93-9

SARA TITLE III (SUPERFUND AMENDMENTS AND REAUTHORIZATION ACT)

The finished product contains chemicals subject to the reporting requirements of Section 313 of SARA Title III.

Chemical	CAS #	% wt
Lead	7439-92-1	65
Sulfuric acid	7664-93-9	25

CERCLA SECTION 311/312 HAZARD CATEGORIES: Note that the finished product is exempt from these regulations, but lead and sulfuric acid above the thresholds are reportable on Tier II reports.

Fire Hazard	No
Pressure Hazard	No
Reactivity Hazard	No
Immediate Hazard	Yes (Sulfuric acid is Corrosive)

Delayed Hazard No

Note: Sulfuric acid is listed as an Extremely Hazardous Substance.

STATE REGULATIONS (US):

California Proposition 65

The following chemicals identified to exist in the finished product as distributed into commerce are known to the State of California to cause cancer, birth defects, or other reproductive harm:

Chemical	CAS #	% Wt
Arsenic (as arsenic oxides)	7440-38-2	<0.1
Strong inorganic acid mists including sulfuric acid	NA	25
Lead	7439-92-1	65

California Consumer Product Volatile Organic Compound Emissions

This Product is not regulated as a Consumer Product for purposes of CARB/OTC VOC Regulations, as-sold for the intended purpose and into the industrial/Commercial supply chain.

INTERNATIONAL REGULATIONS (Non-US):

Canadian Domestic Substance List (DSL)

All ingredients remaining in the finished product as distributed into commerce are included on the Domestic Substances List.

WHMIS Classifications

Class E: Corrosive materials present at greater than 1%

This product has been classified in accordance with the hazard criteria of the Controlled Products Regulations (CPR) and the MSDS contains all the information required by the Controlled Products Regulations.

NPRI and Ontario Regulation 127/01

This product contains the following chemicals subject to the reporting requirements of Canada NPRI +/or Ont. Reg. 127/01:

Chemical	CAS #	% Wt
Lead	7439-92-1	65
Sulfuric acid	7664-93-9	25

European Inventory of Existing Commercial Chemical Substances (EINECS)

All ingredients remaining in the finished product as distributed into commerce are exempt from, or included on, the European Inventory of Existing Commercial Chemical Substances.

European Communities (EC) Hazard Classification according to directives 67/548/EEC and 1999/45/EC.

R-Phrases	S-Phrases
35, 36, 38	1/2, 26, 30, 45

Additional Information

This product may be subject to Restriction of Hazardous Substances (RoHS) regulations in Europe and China, or may be regulated under additional regulations and laws not identified above, such as for uses other than described or as-designed/as-intended by the manufacturer, or for distribution into specific domestic destinations.

SECTION 16: OTHER INFORMATION

OTHER INFORMATION:

Distribution into Quebec to follow Canadian Controlled Product Regulations (CPR) 24(1) and 24(2).

Distribution into the EU to follow applicable Directives to the Use, Import/Export of the product as-sold.

SOURCES OF INFORMATION:

International Agency for Research on Cancer (1987), *IARC Monographs on the Evaluation of Carcinogenic Risks to Humans: Overall Evaluations of Carcinogenicity: An updating of IARC Monographs Volumes 1-42, Supplement 7, Lyon*, France.

Ontario Ministry of Labour Regulation 654/86. Regulations Respecting Exposure to Chemical or Biological Agents.

RTECS – Registry of Toxic Effects of Chemical Substances, National institute for Occupational Safety and Health.

MSDS/SDS PREPARATION INFORMATION:

DATE OF ISSUE: ***6 August 2007*** SUPERCEDES: ***29 January 2007***

DISCLAIMER:

This Material Safety Data Sheet is based upon information and sources available at the time of preparation or revision date. Information in the MSDS was obtained from sources which we believe are reliable, but are beyond our direct supervision or

control. We make no Warranty of Merchantability, Fitness for any particular purpose or any other Warranty, Expressed or Implied, with respect to such information and we assume no liability resulting from its use. For this and other reasons, we do not assume responsibility and expressly disclaim liability for loss, damage or expense arising out of or in any way connected with the handling, storage, use or disposal of the product. It is the obligation of each user of this product to determine the suitability of this product and comply with the requirements of all applicable laws regarding use and disposal of this product. For additional information concerning East Penn Manufacturing Co., Inc. products or questions concerning the content of this MSDS please contact your East Penn representative.

END

FIRE PREVENTION BUREAU TECHNICAL SECTION
200 NORTH MAIN STREET, RM 1780
LOS ANGELES, CA 90012

LOS ANGELES FIRE DEPARTMENT
Los Angeles Certified Unified Program Agency
(213) 978-3680

(2011/2012)

MAIN SITE

Facility ID:	FA0021498
Issue Date:	10/18/2011
Valid From:	7/1/2011
Valid To:	6/30/2012
Haz Waste BusID:	AR0019879
Active Sites:	1 of 1

**********AUTO**SCH 3-DIGIT 907 12
COCA-COLA BOTTLING COMPANY 2940
19875 PACIFIC GATEWAY DR
TORRANCE CA 90502-1118

CONSOLIDATED PERMIT

Los Angeles Certified Unified Program Agency

Los Angeles Fire Department

Hazardous Waste and Hazardous Materials Management Program

Business Name:

COCA-COLA BOTTLING COMPANY
Permit Site Address:

19875 S PACIFIC GATEWAY DR
TORRANCE, CA 90502
Owned By:

COCA COLA BOTTLING CO OF LA
Has paid in full the required fee in the amount of $2,573.00 on 10/14/2011
This permit is to be renewed annually. The following Unified Program Element(s) are covered in the permit.

PROGRAM ELEMENT	DESCRIPTION
HAZWASTE	HW GEN, 101-500 EMPLOYEES
HAZMAT	HAZ MAT INVENTORY 8 TO 15 CHEMICALS

Los Angeles City Fire Code Division 4: Hazardous Materials **

**Division 4 Permit is issued based on the condition that the facility is in compliance with all applicable rules, regulations, and laws pertaining to Division 4 Hazmat Materials.

Status of all program elements listed above (unless otherwise indicated): **PERMITTED**

THIS PERMIT IS NONTRANSFERABLE AND IS VOID UPON CHANGE OF OWNERSHIP OR LOCATION.
YOU MAY CONTINUE TO OPERATE UNDER THE **(2011/2012)** CONSOLIDATED PERMIT UNTIL ***September 30, 2012***
IF YOU MEET THE DEADLINES FOR PAYMENT FOR THE NEXT FISCAL YEAR AND MEET ALL OTHER REQUIREMENTS

BY:

BRIAN CUMMINGS
Fire Chief

The Consolidated Permit must be posted in a conspicuous location at the facility for review at all times.

See reverse page for conditions.

Please notify the City of Los Angeles Fire Department, Technical Section of any change to ownership or location within 30 days.
Address: 200 N. Main Street, Room 1780, Los Angeles, CA, 90012. Telephone: 213-978-3680

Los Angeles City Certified Unified Program Agency

This permit and the Consolidated Contingency Plan must be maintained on the business premises

Consolidated Permit Conditions

In order to maintain the operating permit, the permit holder is required to comply with the following when applicable:

a. Any change in owner, operator, or operations must be reported to: City of Los Angeles Fire Department (LAFD), Bureau of Fire Prevention and Public Safety, Technical Section, 200 North Main Street, RM 1780, Los Angeles, CA 90012, within 30 days of change.

b. Hazardous Materials Release Response Plan and Inventory Program: California Health and Safety Code (CHSC) Division 20, Chapter 6.95, Article 2 and Title 19 California Code of Regulations (CCR).

c. California Accidental Release Prevention Program: CHSC Division 20, Chapter 6.95, Article 2, and Title 19 CCR, Div. 2.

d. Aboveground Storage Tank - Spill Prevention Control and Countermeasure Plan: CHSC Division 20, Chapter 6.57 and 40 CPR 112.

e. Hazardous Waste Generator Program: CHSC Division 20, Chapter 6.5, Article 1-13, Section 25100 at seq., and Title 22 CCR Division 4.5, Chapters 10, 11, 12, and 31.

f. Tiered Permit On-Site Hazardous Waste Treatment: CHSC Division 20, Chapter 6.5, Article 9 and Title 22 CCR Chapter 20.

g. California Fire Code: CHSC Division 13, Chapter 4, Part 2.5, commencing with Section 18935 and Part 9. Title 24 CCR Section 80.103

h. Underground Storage Tank Program: CHSC Division 20, Chapter 6.7 and 6.75 and Title 23, CCR, Chapter 16, the permittee must:

    1. Comply with the requirements of CCR, Chapter 16, Article 5 in the event of a spill, leak or other unauthorized release. Additionally, the permittee must comply with a release response plan approved by the implementing agency.

    2. Comply with the approved routine monitoring procedures referenced in this permit.

    3. Notify the LAFD within thirty (30) days after any changes in the usage of any UST including: a) storage of new hazardous substances, and b) change in owner or operator.

    4. Perform yearly maintenance testing of all leak detection equipment and provide documentation of such resting to the LAFD.

    5. Obtain approval from the LAFD prior to modifying and UST system.

    6. Ensure that written monitoring records are maintained on site and are available for inspection for a three-year period.

    7. Pay annual permit fees.

    8. Comply with all financial responsibility requirements as cited in Chapter 16, Article 3.

    9. The owner(s)/operator(s) shall comply with the California Code Regulations, Title 23, Division 3, Chapter 16, Section 2712 (c) and prepare a monitoring plan, Form D, for each facility. The tank owner/operator shall fill out the monitoring plan to be approved by the field inspector during the annual inspection. Attach the original signed copy to the Consolidated Permit and mail a copy to the Los Angeles Fire Department UST Enforcement Unit.

**** Facilities will be inspected for compliance with the above conditions. Violation of any of the conditions may cause revocation of the United Program permit.**

UNIFIED PROGRAM (UP) FORM

BUSINESS OWNER/OPERATOR IDENTIFICATION (LACoCUPA Form 2730)

☐ NEW BUSINESS ☐ OUT OF BUSINESS ☒ REVISE/UPDATE (EFFECTIVE: 1/1/2010) | PAGE 1 OF 2

I. IDENTIFICATION

FACILITY ID# FA0019878 [1]	BEGINNING DATE [100] 1/1/2012	ENDING DATE [101] 12/31/2012	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) [3] Coca-Cola Refreshments	BUSINESS PHONE [102] (310) 965-2653		
BUSINESS SITE ADDRESS [103] 19875 South Pacific Gateway Drive			
CITY Torrance [104] C	ZIP CODE 90502 [105]		
DUN & BRADSTREET 802706986 [106]	SIC CODE (4 digit #) 5149 [107]		
COUNTY LOS ANGELES [108]	UNINCORPORATED ☐ Yes ☒ No [133a.]		
BUSINESS OPERATOR NAME [109] Robert Macias	BUSINESS OPERATOR PHONE [110] (310) 965-2653		

II. BUSINESS OWNER

OWNER NAME [111] BCI Coca-Cola Bottling Company of Los Angeles	OWNER PHONE [112] (213) 746-5555		
OWNER MAILING ADDRESS [113] 1334 South Central Avenue			
CITY Los Angeles [114]	STATE CA [115]	ZIP CODE 90021 [116]	

III. ENVIRONMENTAL CONTACT

CONTACT NAME [117] Manfred Keller	CONTACT PHONE [118] (310) 965-2631		
CONTACT MAILING ADDRESS [119] 19875 South Pacific Gateway Drive			
CITY Torrance [120]	STATE CA [121]	ZIP CODE 90502 [122]	

IV. EMERGENCY CONTACTS

PRIMARY		SECONDARY	
NAME Manfred Keller	[123]	NAME William Choat	[128]
TITLE Distribution Supervisor	[124]	TITLE Warehouse Manager	[129]
BUSINESS PHONE (310) 965-2631	[125]	BUSINESS PHONE (310) 965-2653	[130]
24-HOUR PHONE (424) 215-9345	[126]	24-HOUR PHONE (310) 896-6641	[131]
PAGER # NA	[127]	PAGER # NA	[132]
E-MAIL ADDRESS (if any) manfredkeller@coca-cola.com	[133b]	E-MAIL ADDRESS (if any) wchoat@coca-cola.com	[133b]

V. ADDITIONAL LOCALLY COLLECTED INFORMATION [133]

FEDERAL TAX IDENTIFICATION NUMBER 13-3346695	[133c]	NO. OF EMPLOYEES 250 [133d]
NAME, POSITION, AND DATE OF BIRTH		BUSINESS CODE 01 [133e]
DRIVER'S LICENSE NUMBER AND STATE		

MAILING/ BILLING INFORMATION

ADDRESS [133f]	CITY [133g]	STATE [133h]	ZIP CODE [133i]
19875 South Pacific Gateway Drive	Torrance	CA	90502

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE [134] 3-1-12	NAME OF DOCUMENT PREPARER [135] Becky Gerard, ARCADIS
NAME OF SIGNER (print) [136] Robert Macias	TITLE OF SIGNER [137] Distribution Center Manager	

OFFICIAL USE ONLY	UP Form	HW	HM	ARP	APST	UST	TP	CUPA	PA

INSPECTOR	DISTRICT	DATE OF INSP.	DIVISION	BATTALION	STATION

UNIFIED PROGRAM (UP) FORM

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

(one page per material per building or area)

☐ ADD ☐ DELETE ☒ REVISE REPORTING YEAR 2012 200 Page 2 of 2

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
Coca-Cola Refreshments

CHEMICAL LOCATION 201
Warehouse

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) 202 ☐ YES ☒ NO

FACILITY ID # F A 0 0 1 9 8 7 8 1

MAP# (optional) 203: 3

GRID# (optional) 204: E3

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME Lead Acid Batteries 207

EHS* ☐ Yes ☐ No 208 RS* ☐ Yes ☐ No 246a

CAS# Mixture 209

*If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) WRI, COR 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☒ b. MIXTURE ☐ c. WASTE 211

RADIOACTIVE ☐ Yes ☒ No 212

CURIES NA 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☒ b. LIQUID ☐ c. GAS 214

LARGEST CONTAINER 63.7 215

FED HAZARD CATEGORIES (Check all that apply) ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
1,899	1,899	0	NA

UNITS* (Check one item only) 221 ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS
* If EHS, amount must be in pounds.

DAYS ON SITE: 222 365

STORAGE CONTAINER 223
☐ a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☒ r. OTHER (Battery Casing)
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☐ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON

STORAGE PRESSURE 224 ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE 225 ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
20-44 226	Sulfuric Acid 227	☒ Yes ☐ No 228	☐ Yes ☒ No	7664-93-9 229
230	231	☐ Yes ☐ No 232	☐ Yes ☐ No	233
234	235	☐ Yes ☐ No 236	☐ Yes ☐ No	237
238	239	☐ Yes ☐ No 240	☐ Yes ☐ No	241
242	243	☐ Yes ☐ No 244	☐ Yes ☐ No	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246
For battery-powered equipment. See attached Battery Inventory/Sulfuric Acid Calculation spreadsheet. Reported as electrolyte solution in gallons, per Cal/EPA guidance. Report prepared 2/9/2012.

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY

DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

BATTERY INVENTORY - SULFURIC ACID CALCULATION
Coca-Cola Refreshments -- 19875 Pacific Gateway Drive, Torrance, CA 90502
Inventory Date: 2/9/2012 **Jim Newman/Fleet**

Battery Type (Manufacturer/ Model #)	Equipment	Quantity	Battery Specifications						Batter Acid Calculations			
			Electrolyte (gallons/battery)	Electrolyte Solution Density (lbs/gallon)	Electrolyte Solution (lbs/battery)	Sulfuric Acid (gallons/battery)	Sulfuric Acid Density (lbs/gallon)	Sulfuric Acid (lbs/battery)	Total Sulfuric Acid (gallons)	Total Sulfuric Acid (lbs)	Total Electrolyte Solution (gallons)	Total Electrolyte Solution (lbs)
DEKA/12-D85-7	Walk-behind Pallet Jacks	30	9.2	10.7434	99.16	2.5	15.31	38.3	75	1,148	277	2,975
DEKA/6-D75-11	Walker-behind Pallet Jacks	3	7.7	10.7434	82.72	2.1	15.31	32.2	6	96	23	248
DEKA/18-D125-17	Rider Scrubber	3	45.2	10.7434	485.60	12.2	15.31	186.8	37	560	136	1,457
DEKA/12-D85-13	Rider Pallet Jack	15	16.9	10.7434	181.56	4.6	15.31	70.4	69	1,056	254	2,723
DEKA/18-D85-29	Fork Lifts	19	**63.7**	10.7434	684.35	17.2	15.31	263.3	327	5,003	1,210	13,003
List Others Below:												
Interstate 12V	Vehicle Replacement Batteries	16	1.0	—	10.7	0.35	—	3.8	5.6	61	16	171.2
Interstate 6V	Vehicle Replacement Batteries	2	1.0	—	10.7	0.35	—	3.8	0.7	8	2	21.4
					TOTALs				514	7,865	1,899	20,577

Notes:
1. Battery specificaitons provided by manufacturer
2. Multiply volume of sulfuric acid by 15.3
3. Multiply volume of electrolyte solution by 10.7434
4. **Bold** - indicates quantity reported in HMDBP.

MATERIAL SAFETY DATA SHEET
LEAD ACID BATTERY WET, FILLED WITH ACID
(US, CN, EU Version for International Trade)

SECTION 1: PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME: **Lead Acid Battery Wet, Filled With Acid**
OTHER PRODUCT NAMES: Electric Storage Battery, SLI or Industrial Battery, UN2794

MANUFACTURER: East Penn Manufacturing Company, Inc.
DIVISION: Deka Road
ADDRESS: Lyon Station, PA 19536 USA

EMERGENCY TELEPHONE NUMBERS:
US: CHEMTREC 1-800-424-9300
CN: CHEMTREC 1-800-424-9300
Outside US: +1-202-483-7616

NON-EMERGENCY HEALTH/SAFETY INFORMATION: +1-610-682-6361

CHEMICAL FAMILY: This product is a wet lead acid storage battery. May also include gel/absorbed electrolye type lead acid battery types.

PRODUCT USE: Industrial/Commercial electrical storage batteries.

This product is considered a Hazardous Substance, Preparation or Article that is regulated under US-OSHA; CAN-WHMIS; IOSH; ISO; UK-CHIP; or EU Directives (67/548/EEC-Dangerous Substance Labeling, 98/24/EC-Chemical Agents at Work, 99/45/EC-Preparation Labeling, 2001/58/EC-MSDS Content, and 1907/2006/EC-REACH), and an MSDS/SDS is required for this product considering that when used as recommended or intended, or under ordinary conditions, it may present a health and safety exposure or other hazard.

Additional Information
This product may not be compatible with all environments, such as those containing liquid solvents or extreme temperature or pressure. Please request information if considering use under extreme conditions or use beyond current product labeling.

SECTION 2: HAZARDS IDENTIFICATION

GHS Classification:

Health	Environmental	Physical
Acute Toxicity – Not listed (NL) Eye Corrosion – Corrosive* Skin Corrosion – Corrosive* Skin Sensitization – NL Mutagenicity/Carcinogenicity – NL Reproductive/Developmental – NL Target Organ Toxicity (Repeated) – NL	Aquatic Toxicity – NL	NFPA – Flammable gas, hydrogen (during charging) CN - NL EU - NL

*as sulfuric acid

GHS Label: Lead Acid Battery, Wet

Symbols: C (Corrosive)

Hazard Statements	Precautionary Statements
Contact with internal components may cause irritation of severe burns. Irritating to eyes, respiratory system, and skin.	Keep out of reach of children. Keep containers tightly closed. Avoid heat, sparks, and open flame while charging batteries. Avoid contact with internal acid.

EMERGENCY OVERVIEW: May form explosive air/gas mixture during charging. Contact with internal components may cause irritation or severe burns. Irritating to eyes, respiratory system, and skin.

Prolonged inhalation or ingestion may result in serious damage to health. Pregnant women exposed to internal components may experience reproductive/developmental effects.

POTENTIAL HEALTH EFFECTS:

EYES: Direct contact of internal electrolyte liquid with eyes may cause severe burns or blindness.

SKIN: Direct contact of internal electrolyte liquid with the skin may cause skin irritation or damaging burns.

INGESTION: Swallowing this product may cause severe burns to the esophagus and digestive tract and harmful or fatal lead poisoning. Lead ingestion may cause nausea, vomiting, weight loss, abdominal spasms, fatigue, and pain in the arms, legs and joints.

INHALATION: Respiratory tract irritation and possible long term effects.

ACUTE HEALTH HAZARDS:

Repeated or prolonged contact may cause mild skin irritation.

CHRONIC HEALTH HAZARDS:

Lead poisoning if persons are exposed to internal components of the batteries. Lead absorption may cause nausea, vomiting, weight loss, abdominal spasms, fatigue, pain in the arms, legs and joints. Other effects may include central nervous system damage, kidney dysfunction, and potential reproductive effects. Chronic inhalation of sulfuric acid mist may increase the risk of lung cancer.

MEDICAL CONDITIONS GENERALLY AGGRAVATED BY EXPOSURE:

Respiratory and skin diseases may predispose one to acute and chronic effects of sulfuric acid and/or lead. Children and pregnant women must be protected from lead exposure. Persons with kidney disease may be at increased risk of kidney failure.

Additional Information

No health effects are expected related to normal use of this product as sold.

SECTION 3: COMPOSITION/INFORMATION ON INGREDIENTS

INGREDIENTS (Chemical/Common Names):	CAS No.:	% by Wt:	EC No.:
Lead, inorganic	7439-92-1	43-70 (average: 65)	231-100-4
Sulfuric acid	7664-93-9	20-44 (average: 25)	231-639-5
Antimony	7440-36-0	0-4 (average: 1)	231-146-5
Arsenic	7440-38-2	<0.01	231-148-6
Polypropylene	9003-07-0	5-10 (average: 8)	NA

NA – Not applicable/ND – Not determined

Additional Information

These ingredients reflect components of the finished product related to performance of the product as distributed into commerce.

SECTION 4: FIRST AID MEASURES

EYE CONTACT: Flush eyes with large amounts of water for at least 15 minutes. Seek immediate medical attention if eyes have been exposed directly to acid.

SKIN CONTACT: Flush affected area(s) with large amounts of water using deluge emergency shower, if available, shower for at least 15 minutes. Remove contaminated clothing. If symptoms persist, seek medical attention.

INGESTION: If swallowed, give large amounts of water. Do NOT induce vomiting or aspiration into the lungs may occur and can cause permanent injury or death.

INHALATION: If breathing difficulties develop, remove person to fresh air. If symptoms persist, seek medical attention.

SECTION 5: FIRE-FIGHTING MEASURES

SUITABLE/UNSUITABLE EXTINGUISHING MEDIA:

Dry chemical, carbon dioxide, water, foam. Do not use water on live electrical circuits.

SPECIAL FIRE FIGHTING PROCEDURES & PROTECTIVE EQUIPMENT:
Use appropriate media for surrounding fire. Do not use carbon dioxide directly on cells. Avoid breathing vapors. Use full protective equipment (bunker gear) and self-contained breathing apparatus.
UNUSUAL FIRE AND EXPLOSION HAZARDS:
Batteries evolve flammable hydrogen gas during charging and may increase fire risk in poorly ventilated areas near sparks, excessive heat or open flames.
SPECIFIC HAZARDS IN CASE OF FIRE:
Thermal shock may cause battery case to crack open. Containers may explode when heated.

Additional Information
Firefighting water runoff and dilution water may be toxic and corrosive and may cause adverse environmental impacts.

SECTION 6: ACCIDENTAL RELEASE MEASURES

PERSONAL PRECAUTIONS:
Avoid Contact with Skin. Neutralize any spilled electrolyte with neutralizing agents, such as soda ash, sodium bicarbonate, or very dilute sodium hydroxide solutions.
ENVIRONMENTAL PRECATIONS:
Prevent spilled material from entering sewers and waterways.
SPILL CONTAINMENT & CLEANUP METHODS/MATERIALS:
Add neutralizer/absorbent to spill area. Sweep or shovel spilled material and absorbent and place in approved container. Dispose of any non-recyclable materials in accordance with local, state, provincial or federal regulations.

Additional Information
Lead acid batteries and their plastic cases are recyclable. Contact your East Penn representative for recycling information.

SECTION 7: HANDLING AND STORAGE

PRECAUTIONS FOR SAFE HANDLING AND STORAGE:
- Keep containers tightly closed when not in use.
- If battery case is broken, avoid contact with internal components.
- Do not handle near heat, sparks, or open flames.
- Protect containers from physical damage to avoid leaks and spills.
- Place cardboard between layers of stacked batteries to avoid damage and short circuits.
- Do not allow conductive material to touch the battery terminals. A dangerous short-circuit may occur and cause battery failure and fire.

OTHER PRECAUTIONS (e.g.; Incompatibilities):
Keep away from combustible materials, organic chemicals, reducing substances, metals, strong oxidizers and water.

SECTION 8: EXPOSURE CONTROLS/PERSONAL PROTECTION

ENGINEERING CONTROLS/SYSTEM DESIGN INFORMATION:
Charge in areas with adequate ventilation.
VENTILATION:
General dilution ventilation is acceptable.
RESPIRATORY PROTECTION:
Not required for normal conditions of use. See also special firefighting procedures (Section 5).
EYE PROTECTION:
Wear protective glasses with side shields or goggles.
SKIN PROTECTION:
Wear chemical resistant gloves as a standard procedure to prevent skin contact.
OTHER PROTECTIVE CLOTHING OR EQUIPMENT: Chemically-impervious apron and face shield recommended when adding water or electrolyte to batteries.
Wash Hands after handling.

EXPOSURE GUIDELINES & LIMITS:

OSHA	Permissible Exposure Limit (PEL/TWA)	Lead, inorganic (as Pb)	0.05 mg/m^3
		Sulfuric acid	1 mg/m^3
		Antimony	0.5 mg/m^3
		Arsenic	0.01 mg/m^3
ACGIH	2007 Threshold Limit Value (TLV)	Lead, inorganic (as Pb)	0.05 mg/m^3
		Sulfuric acid	0.2 mg/m^3
		Antimony	0.5 mg/m^3
		Arsenic	0.01 mg/m^3
Quebec	Permissible Exposure Value (PEV)	Lead, inorganic (as Pb)	0.15 mg/m^3
		Sulfuric acid	1 mg/m^3 TWA 3 mg/m^3 STEV
		Antimony	0.5 mg/m^3
		Arsenic	0.1 mg/m^3
Ontario	Occupational Exposure Level (OEL)	Lead (designated substance)	0.10 mg/m^3
		Sulfuric acid	1 mg/m^3 TWAEV 3 mg/m^3 STEV
		Antimony	0.5 mg/m^3
		Arsenic (designated substance)	0.01 mg/m^3
Netherlands	Maximaal Aanvaarde Concentratie (MAC)	Lead, inorganic (as Pb)	0.15 mg/m^3
		Sulfuric acid	1 mg/m^3
Germany	Maximale Arbeitsplatzkonzentrationen (MAK)	Lead, inorganic (as Pb)	0.1 mg/m^3
		Sulfuric acid	1 mg/m^3 TWA 2 mg/m^3 STEL
		Antimony	0.5 mg/m^3
United Kingdom	Occupational Exposure Standard (OES)	Lead	0.15 mg/m^3
		Antimony	0.5 mg/m^3
		Arsenic	0.1 mg/m^3

TWA – 8-Hour Time Weighted Average/ STE – Short Term Exposure / mg/m^3 – milligrams per cubic meter of air/ NE – Not Established

Additional Information

- Batteries are housed in polypropylene cases which are regulated as total dust or respirable dust only when they are ground up during recycling. The OSHA PEL for dust is 15 mg/m^3 as total dust or 5 mg/m^3 as respirable dust.
- May be required to meet Domestic Requirements for a Specific Destination(s).

SECTION 9: PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE:	Industrial/commercial lead acid battery
ODOR:	Odorless
ODOR THRESHOLD:	NA
PHYSICAL STATE:	Sulfuric Acid: Liquid; Lead: solid
pH:	<1
BOILING POINT:	235-240° F (as sulfuric acid)
MELTING POINT:	NA
FREEZING POINT:	NA
VAPOR PRESSURE:	10 mmHg
VAPOR DENSITY (AIR = 1):	> 1
SPECIFIC GRAVITY (H2O = 1):	1.27–1.33
EVAPORATION RATE (n-BuAc=1):	< 1
SOLUBILITY IN WATER:	100% (as sulfuric acid)
FLASH POINT:	Below room temperature (as hydrogen gas)
AUTO-IGNITION TEMPERATURE:	NA
LOWER EXPLOSIVE LIMIT (LEL):	4% (as hydrogen gas)
UPPER EXPLOSIVE LIMIT (UEL):	74% (as hydrogen gas)
PARTITION COEFFICIENT:	NA
VISCOSITY (poise @ 25° C):	Not Available

DECOMPOSITION TEMPERATURE: Not Available

FLAMMABILITY/HMIS HAZARD CLASSIFICATIONS (US/CN/EU): As sulfuric acid
HEALTH: 3 FLAMMABILITY: 0 REACTIVITY: 2

SECTION 10: STABILITY AND REACTIVITY

STABILITY:	This product is stable under normal conditions at ambient temperature.
INCOMPATIBILITY (MATERIAL TO AVOID):	Strong bases, combustible organic materials, reducing agents, finely divided metals, strong oxidizers, and water.
HAZARDOUS DECOMPOSITION BY-PRODUCTS:	Thermal decomposition will produce sulfur dioxide, sulfur trioxide, carbon monoxide, sulfuric acid mist, and hydrogen.
HAZARDOUS POLYMERIZATION:	Will not occur
CONDITIONS TO AVOID:	Overcharging, sources of ignition

SECTION 11: TOXICOLOGICAL INFORMATION

ACUTE TOXICITY (Test Results Basis and Comments):
Sulfuric acid: LD_{50}, Rat: 21409 mg/kg
LC_{50}, Guinea pig: 510 mg/m^3
Lead: No data available for elemental lead

SUBCHRONIC/CHRONIC TOXICITY (Test Results and Comments):
Repeated exposure to lead and lead compounds in the workplace may result in nervous system toxicity. Some toxicologists report that abnormal conduction velocities in person with blood lead levels of 50 µg/100 ml or higher. Heavy lead exposure may result in central nervous system damage, encephalopathy and damage to the blood-forming (hematopoietic) tissues.

Additional Information
- Very little chronic toxicity data available for elemental lead.
- Lead is listed by IARC as a 2B carcinogen: possible carcinogen in humans. Arsenic is listed by IARC, ACGIH, and NTP as a carcinogen, based on studies with high doses overlong periods of time. The other ingredients in this product, present at equal to or greater than 0.1% of the product, are not listed by OSHA, NTP, or IARC as suspect carcinogens.
- The 19th Amendment to EC Directive 67/548/EEC classified lead compounds, but not lead in metal form, as possibly toxic to reproduction. Risk phrase 61: May cause harm to the unborn child, applies to lead compounds, especially soluble forms.

SECTION 12: ECOLOGICAL INFORMATION

PERSISTENCE & DEGRADABILITY:
Lead is very persistent in soils and sediments. No data available on biodegradation.

BIO-ACCUMULATIVE POTENTIAL (Including Mobility):
Mobility of metallic lead between ecological compartments is low. Bioaccumulation of lead occurs in aquatic and terrestrial animals and plants, but very little bioaccumulation occurs through the food chain. Most studies have included lead compounds, not solid inorganic lead.

AQUATIC TOXICITY (Test Results & Comments):
Sulfuric acid: 24-hour LC_{50}, fresh water fish (*Brachydanio rerio*): 82 mg/l
96-hour LOEC, fresh water fish (*Cyprinus carpio*): 22 mg/l (lowest observable effect concentration)
Lead (metal): No data available

Additional Information
- No known effects on stratospheric ozone depletion.
- Volatile organic compounds: 0% (by Volume)
- Water Endangering Class (WGK): NA

SECTION 13: DISPOSAL CONSIDERATIONS

WASTE DISPOSAL METHOD:	Follow local, State/Provincial, and Federal/National regulations applicable to as-used, end-of-life characteristics to be determined by end-user.

MATERIAL SAFETY DATA SHEET
LEAD ACID BATTERY WET, FILLED WITH ACID
(US, CN, EU Version for International Trade)

HAZARDOUS WASTE CLASS/CODE:

US - Not applicable to finished product as manufactured for distribution into commerce.
CN – Not applicable to finished product as manufactured for distribution into commerce.
EWC – Not applicable to finished product as manufactured for distribution into commerce.

Additional Information
Not Included – **Recycle** or dispose as allowed by local jurisdiction for the end-of-life characteristics as-disposed.

SECTION 14: TRANSPORT INFORMATION

GROUND – US-DOT/CAN-TDG/EU-ADR/APEC-ADR:

Proper Shipping Name	Batteries, Wet, Filled with Acid		
Hazard Class	8	ID Number	UN2794
Packing Group	III	Labels	Corrosive

AIRCRAFT – ICAO-IATA:

Proper Shipping Name	Batteries, Wet, Filled with Acid		
Hazard Class	8	ID Number	UN2794
Packing Group	II	Labels	Corrosive

Reference IATA packing instructions 800

VESSEL – IMO-IMDG:

Proper Shipping Name	Batteries, Wet, Filled with Acid		
Hazard Class	8	ID Number	UN2794
Packing Group	III	Labels	Corrosive

Reference IMDG packing instructions P801

Additional Information

Transport requires proper packaging and paperwork, including the Nature and Quantity of goods, per applicable origin/destination/customs points as-shipped.

SECTION 15: REGULATORY INFORMATION

INVENTORY STATUS:
All components are listed on the TSCA; EINECS/ELINCS; and DSL, unless noted otherwise below.

U.S. FEDERAL REGULATIONS:

TSCA Section 8b – Inventory Status: All chemicals comprising this product are either exempt or listed on the TSCA Inventory.

TSCA Section 12b – Export Notification: If the finished product contains chemicals subject to TSCA Section 12b export notification, they are listed below:

Chemical	CAS #
None	NA

CERCLA (COMPREHENSIVE RESPONSE COMPENSATION, AND LIABILITY ACT)

Chemicals present in the product which could require reporting under the statute:

Chemical	CAS #
Lead	7439-92-1
Sulfuric acid	7664-93-9

SARA TITLE III (SUPERFUND AMENDMENTS AND REAUTHORIZATION ACT)

The finished product contains chemicals subject to the reporting requirements of Section 313 of SARA Title III.

Chemical	CAS #	% wt
Lead	7439-92-1	65
Sulfuric acid	7664-93-9	25

CERCLA SECTION 311/312 HAZARD CATEGORIES: Note that the finished product is exempt from these regulations, but lead and sulfuric acid above the thresholds are reportable on Tier II reports.

Fire Hazard	No
Pressure Hazard	No
Reactivity Hazard	No
Immediate Hazard	Yes (Sulfuric acid is Corrosive)

Delayed Hazard No

Note: Sulfuric acid is listed as an Extremely Hazardous Substance.

STATE REGULATIONS (US):

California Proposition 65

The following chemicals identified to exist in the finished product as distributed into commerce are known to the State of California to cause cancer, birth defects, or other reproductive harm:

Chemical	CAS #	% Wt
Arsenic (as arsenic oxides)	7440-38-2	<0.1
Strong inorganic acid mists including sulfuric acid	NA	25
Lead	7439-92-1	65

California Consumer Product Volatile Organic Compound Emissions

This Product is not regulated as a Consumer Product for purposes of CARB/OTC VOC Regulations, as-sold for the intended purpose and into the industrial/Commercial supply chain.

INTERNATIONAL REGULATIONS (Non-US):

Canadian Domestic Substance List (DSL)

All ingredients remaining in the finished product as distributed into commerce are included on the Domestic Substances List.

WHMIS Classifications

Class E: Corrosive materials present at greater than 1%

This product has been classified in accordance with the hazard criteria of the Controlled Products Regulations (CPR) and the MSDS contains all the information required by the Controlled Products Regulations.

NPRI and Ontario Regulation 127/01

This product contains the following chemicals subject to the reporting requirements of Canada NPRI +/or Ont. Reg. 127/01:

Chemical	CAS #	% Wt
Lead	7439-92-1	65
Sulfuric acid	7664-93-9	25

European Inventory of Existing Commercial Chemical Substances (EINECS)

All ingredients remaining in the finished product as distributed into commerce are exempt from, or included on, the European Inventory of Existing Commercial Chemical Substances.

European Communities (EC) Hazard Classification according to directives 67/548/EEC and 1999/45/EC.

R-Phrases	S-Phrases
35, 36, 38	1/2, 26, 30, 45

Additional Information

This product may be subject to Restriction of Hazardous Substances (RoHS) regulations in Europe and China, or may be regulated under additional regulations and laws not identified above, such as for uses other than described or as-designed/as-intended by the manufacturer, or for distribution into specific domestic destinations.

SECTION 16: OTHER INFORMATION

OTHER INFORMATION:

Distribution into Quebec to follow Canadian Controlled Product Regulations (CPR) 24(1) and 24(2).

Distribution into the EU to follow applicable Directives to the Use, Import/Export of the product as-sold.

SOURCES OF INFORMATION:

International Agency for Research on Cancer (1987), *IARC Monographs on the Evaluation of Carcinogenic Risks to Humans: Overall Evaluations of Carcinogenicity: An updating of IARC Monographs Volumes 1-42, Supplement 7, Lyon,* France.

Ontario Ministry of Labour Regulation 654/86. Regulations Respecting Exposure to Chemical or Biological Agents.

RTECS – Registry of Toxic Effects of Chemical Substances, National institute for Occupational Safety and Health.

MSDS/SDS PREPARATION INFORMATION:

DATE OF ISSUE: ***6 August 2007*** SUPERCEDES: ***29 January 2007***

DISCLAIMER:

This Material Safety Data Sheet is based upon information and sources available at the time of preparation or revision date. Information in the MSDS was obtained from sources which we believe are reliable, but are beyond our direct supervision or

control. We make no Warranty of Merchantability, Fitness for any particular purpose or any other Warranty, Expressed or Implied, with respect to such information and we assume no liability resulting from its use. For this and other reasons, we do not assume responsibility and expressly disclaim liability for loss, damage or expense arising out of or in any way connected with the handling, storage, use or disposal of the product. It is the obligation of each user of this product to determine the suitability of this product and comply with the requirements of all applicable laws regarding use and disposal of this product. For additional information concerning East Penn Manufacturing Co., Inc. products or questions concerning the content of this MSDS please contact your East Penn representative.

END

EXAMPLE COVER LETTER
(Copy and paste onto your site-specific letterhead)

February 29, 2012

CERTIFIED MAIL NO. <facility insert number>
RETURN RECEIPT REQUESTED

City of Los Angeles Fire Department
200 N Main Street Room 1780
Los Angeles, CA 90012

Re: Hazardous Materials Business Plan – Reporting Year 2012
Coca-Cola Refreshments
19875 South Pacific Gateway Drive
Torrance, CA 90502

Dear Los Angeles City Fire Department:

Enclosed is the 2012 Hazardous Materials Disclosure Business Report update for the above-referenced facility. This report is also submitted to fulfill EPCRA reporting requirements.

Thank you for updating the company name to Coca-Cola Refreshments, a recently registered trade name. The owner name, BCI Coca-Cola Bottling Company of Los Angeles, remains unchanged.

If you have any questions or need any further information, please contact me at 310.965.2700.

Sincerely,

<leave room for signature and sign here>

Robert Macias
Distribution Center Manager

Enclosure: Hazardous Materials Business Plan update, 2012

cc: Ann Macdonald
Coca-Cola Refreshments/Environmental Affairs
amacdonald@coca-cola.com

Becky Gerard
ARCADIS
rebecca.gerard@arcadis-us.com